## Wisconsin Hospice Directory

2001

August 2002

Bureau of Health Information Division of Health Care Financing Wisconsin Department of Health and Family Services

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## **FOREWORD**

This report presents detailed information on individual hospices in Wisconsin. The data were drawn from the 2001 Annual Survey of Hospices, conducted by the Bureau of Health Information, Division of Health Care Financing (DHCF), in cooperation with Wisconsin-licensed hospices; the Bureau of Fee-for-Service Health Care Benefits, DHCF; and the Bureau of Quality Assurance, Division of Supportive Living.

The Hospice Organization and Palliative Experts (HOPE) of Wisconsin has endorsed the Annual Survey of Hospices. The 2001 survey represents the third year that data have been collected on all Wisconsin hospices and their patients. Sincere appreciation is expressed to all hospices for their cooperation in completing the survey.

This directory was produced by the Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information. Jane Conner, research analyst, prepared the directory. She also coordinated and implemented the data collection and editing activities. Lu Ann Hahn and Kim Voss, research technicians, participated in the survey follow-up process. Martha Davis, acting chief, Workforce and Provider Survey Section, and Vonnie Buske, Deputy Director, Bureau of Health Information, provided overall direction.

Inquiries concerning the information presented in this publication should be directed to the Bureau of Health Information, P.O. Box 309, Madison, WI 53701-0309, telephone (608) 267-9055, or e-mail connejp@dhfs.state.wi.us.

To obtain an additional copy of this directory, please send a \$5.00 check (made payable to the Division of Health Care Financing), along with a note requesting the 2001 Hospice Directory, to the following address:

Division of Health Care Financing Bureau of Health Information ATTN: Joan Gugel P.O. Box 309 Madison WI 53701-0309

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## INTRODUCTION

As part of its responsibility to collect and disseminate information on Wisconsin's health facilities, the Department of Health and Family Services collects information about the characteristics of hospices and the patients they serve. Data for 2001 were obtained from the third Annual Survey of Hospices. The purpose of the survey is to meet the common information needs identified by a partnership comprised of the Hospice Organization and Palliative Experts (HOPE) of Wisconsin, the Bureau of Fee-for-Service Health Care Benefits, Division of Health Care Financing, and the Bureau of Quality Assurance, Division of Supportive Living. The survey also seeks to meet the information needs of hospice administrators, public and private health care professionals, and other interested citizens.

This directory presents individual data for each of the 61 hospices that submitted a 2001 survey (all hospices licensed by the State of Wisconsin to operate in the state in 2001). Hospice profiles are organized alphabetically by county of location, and by city within each county. The indices included at the back of this directory list all hospices statewide by county, city, name of hospice, and license number assigned to each hospice by the Bureau of Quality Assurance, Division of Supportive Living.

Data contained in each profile are hospice-specific and appear most frequently in the form of percentages. Caution should be used when comparing percentages for hospices with small numbers of patients because of the high potential for variability. Throughout these profiles, a " . " in any category indicates that the data for that item were not provided by the hospice.

The following information is presented for each hospice:

- 1. A description of hospice characteristics such as licensure, ownership, Title 18 (Medicare) and Title 19 (Medicaid) certification, and identifying information (name, address, city, zip code, county, telephone number and license number).
- 2. Measures of hospice utilization such as admissions, discharges, average daily census and number of patients served.
- 3. The percentage distribution of patient characteristics (such as age, sex, length of stay, level of care, diagnosis, and deaths).
- 4. Staffing data, including the number of full-time equivalent employees (FTEs) in various categories (not including contracted staff or volunteers); and the number of volunteers and volunteer hours of service provided.

To assist the reader in interpreting the information shown in each profile, the following example is provided using data from Comfort Care & Hospice Services in Wausau (Page 24). To calculate the number of patients served by this hospice who were age 65 to 74, divide the percentage for the age group (22.3%) by 100 (.223) and multiply the result by the total number of patients served during the year (524). The product (.223 x 524) is 116.85, which when rounded to 117 is the number of unduplicated patients age 65 to 74 served by this hospice during the 2001 calendar year.

Regional Hospice Ser 2101 Beaser Avenue Ashland WI 54806	vices, 1	Inc.		Co	cense Number: bunty: 715) 682-8677	526 Ashland	Page 1
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid)	Certifie	ed? Yes	ce Nonprofit	Un	ecember 31, 200 nduplicated Pat verage Daily Ce	ient Count for 2001:	24 212 25
Licensed Hospice Res	idential	l Facility? No		Me	edicare Certifi	ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS	_	REFERRAL SOURCE	-	CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT		UNDUPLICATED PATIEN	NT COUNT	UNDUPLICATED PA		BY PAY SOURCE	05.00
Under 20	0.5%	Malignant neoplasm	FF 00	Physician	41.0%	Medicare	95.8%
20 to 54	4.7	(cancer)	75.0%	Hospital	15.6	Medicaid	4.2
55 to 64	20.3	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	25.5	disease	11.8	Patient's famil	-	Managed Care/HMO	0.0
75 to 84	27.8	Pulmonary disease	3.3	Home health age	-	PACE/Partnership	0.0
85 to 94	19.3	Renal failure/		Nursing home	5.2	Private Insurance	0.0
95 & over	1.9	kidney disease	2.8	Other	2.8	Self Pay	0.0
Total Patients	212	Diabetes	0.0	Total Patients	212	Other	0.0
		Alzheimer's disease	0.9			Caseload	24
Male	53.3%	AIDS	0.5				
Female	46.7	ALS	0.0	PATIENT DAYS BY	Ţ.		
Total Patients	212	Other	5.7	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	212	Routine home ca	are 98.1%	Administrators	2.0
TOTAL ADMISSIONS	196			Continuous care	0.1	Physicians	0.0
		ADMISSIONS BY PAY S	SOURCE	RCE Inpatient care: acute		Registered Nurses	9.3
TOTAL DISCHARGES	194	Medicare	80.1%	symptom mgmt	1.2	Lic. Prac. Nurses	0.0
		Medicaid	5.1	Respite care	0.7	Hospice Aides	4.6
REASON FOR DISCHARGE	<b>!</b>	Medicare/Medicaid	0.0	Total Patient D	Days 9,138	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0			Occupational Therapists	
appropriate	2.1%	PACE/Partnership	0.0	CASELOAD ON 12/	/31/01	Speech/Language	0.0
Transferred:		Private Insurance	13.8	BY LIVING ARRAN	•	Pathologists	0.0
care provided by		Self Pay	0.5	Private residen		Bereavement Counselors	0.0
another hospice	1.5	Other	0.5	Nursing home	4.2	Social Workers	1.5
Revocation of	1.5	Total Admissions	196	Hospice res. fa		Dietary	0.0
hospice benefit	6.7	TOTAL TAMEBUTORS	100	Assisted living		Volunteer Coordinator	0.4
Other	0.0	DEATHS BY SITE		Residential c	•	Chaplain	0.9
Deaths	89.7	OF OCCURRENCE		apt. comple		Clerical/Office Support	
Total Discharges	194	Private residence	74.1%	Adult family		Other	0.0
Total Discharges	134	Nursing home	17.2	Community-bas		Total FTEs	21.4
DISCHARGES BY		Hospice res. fac.	0.0	res. facili		TOTAL TIES	21.1
LENGTH OF STAY		Assisted living:	0.0	Inpatient facil	-	* Full-time equivalents	
1 - 7 days	27.3%	Residential care		Other site	0.0	rair eime eqaivarenes	
8 - 14 days	14.9	apt. complex	0.0	Caseload	24	Volunteers who served	
15 - 30 days	16.0	Adult family home		Casellau	21	patients of the	
<del>-</del>		Community-based	. 0.0			_	1 = 2
31 - 60 days	20.6	-	1 1			hospice in 2001:	153
61 - 90 days	7.2	res. facility	1.1			Total house of	
91 - 180 days	8.2	Inpatient facility	7.5			Total hours of	
181 days - 1 year	2.1	Other site	0.0			service provided	
1 year or more	3.6	Total Deaths	174			during 2001 by these	2 700
TOTAL IN GGBARGOG						TTO LUNE CONG!	2 / / / / /

3,700

Total Discharges

Lakeview Medical Cer 212 South Main Stree Rice Lake WI 54868				County	e Number: : 236-6256	555 Barron	Page 2
Ownership of Hospice	e:	Private	Nonprofit			1 Caseload:	3
Title 18 (Medicare)				-		ient Count for 2001:	54
Title 19 (Medicaid)					e Daily Ce		6
Licensed Hospice Res	sidentia:	l Facility? No		Medica	re Certifi	ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS	OF	REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	r count	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIEN	T COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	38.9%	Medicare	100.0%
20 to 54	1.9	(cancer)	75.9%	Hospital	42.6	Medicaid	0.0
55 to 64	11.1	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	29.6	disease	14.8	Patient's family	13.0	Managed Care/HMO	0.0
75 to 84	44.4	Pulmonary disease	3.7	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	9.3	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	3.7	kidney disease	3.7	Other	5.6	Self Pay	0.0
Total Patients	54	Diabetes	0.0	Total Patients	54	Other	0.0
		Alzheimer's disease	1.9			Caseload	3
Male	63.0%	AIDS	0.0				
Female	37.0	ALS	0.0	PATIENT DAYS BY			
Total Patients	54	Other	0.0	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	54	Routine home care	95.2%	Administrators	0.2
TOTAL ADMISSIONS	53			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SO	URCE	Inpatient care: acu	.te	Registered Nurses	2.1
TOTAL DISCHARGES	54	Medicare	84.9%	symptom mgmt	2.5	Lic. Prac. Nurses	0.0
		Medicaid	9.4	Respite care	2.3	Hospice Aides	0.8
REASON FOR DISCHARGE	3	Medicare/Medicaid	0.0	Total Patient Days	2,166	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0			Occupational Therapists	0.0
appropriate	3.7%	PACE/Partnership	0.0	CASELOAD ON 12/31/0	1	Speech/Language	
Transferred:		Private Insurance	3.8	BY LIVING ARRANGEME	NTS	Pathologists	0.0
care provided by		Self Pay	0.0	Private residence	100.0%	Bereavement Counselors	0.2
another hospice	0.0	Other	1.9	Nursing home	0.0	Social Workers	0.3
Revocation of		Total Admissions	53	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	14.8			Assisted living:		Volunteer Coordinator	0.5
Other	0.0	DEATHS BY SITE		Residential care		Chaplain	0.0
Deaths	81.5	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	0.1
Total Discharges	54	Private residence	79.5%	Adult family home	0.0	Other	0.0
		Nursing home	0.0	Community-based		Total FTEs	4.2
DISCHARGES BY		Hospice res. fac.	0.0	res. facility	0.0		
LENGTH OF STAY		Assisted living:		Inpatient facility	0.0	* Full-time equivalents	5
1 - 7 days	31.5%	Residential care		Other site	0.0	-	
8 - 14 days		apt. complex	0.0	Caseload	3	Volunteers who served	
15 - 30 days	9.3	Adult family home	0.0			patients of the	
31 - 60 days	18.5	Community-based				hospice in 2001:	30
61 - 90 days	7.4	res. facility	0.0			•	
91 - 180 days	11.1	Inpatient facility	20.5			Total hours of	
181 days - 1 year	0.0	Other site	0.0			service provided	
1 year or more	1.9	Total Deaths	44			during 2001 by these	
Total Discharges	54					volunteers:	1,463
						<del></del>	,

Unity Hospice 916 Willard Drive, S Green Bay WI 54324		0		Cour	ense Number: nty: 0) 494-0225	1503 Brown	Page 3
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Res	Certific Certific	ed? Yes	tary Part	- Undı Aver	rage Daily Ce	ient Count for 2001:	136 816 136 No
	braciicra.					-	110
AGE AND SEX OF		PRINCIPAL DIAGNOSIS	-	REFERRAL SOURCE O		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENS		UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATI		BY PAY SOURCE	00.00
Under 20	0.5%	Malignant neoplasm	F0 00	Physician	29.3%	Medicare	88.2%
20 to 54	11.0	(cancer)	59.9%	Hospital	37.0	Medicaid	0.0
55 to 64	11.9	Cardiovascular	15.0	Self-referral	4.4	Medicare/Medicaid	0.0
65 to 74	25.0	disease	15.3	Patient's family	16.3	Managed Care/HMO	0.0
75 to 84	29.0	Pulmonary disease	3.3	Home health agend	-	PACE/Partnership	0.0
85 to 94	20.7	Renal failure/		Nursing home	7.4	Private Insurance	11.8
95 & over	1.8	kidney disease	2.5	Other	4.5	Self Pay	0.0
Total Patients	816	Diabetes	0.0	Total Patients	816	Other	0.0
		Alzheimer's disease	2.8			Caseload	136
Male	49.9%	AIDS	0.1				
Female	50.1	ALS	0.5	PATIENT DAYS BY			
Total Patients	816	Other	15.6	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	816	Routine home care	98.0%	Administrators	5.0
TOTAL ADMISSIONS	750			Continuous care	0.0	Physicians	0.4
		ADMISSIONS BY PAY SO	URCE	Inpatient care: a	acute	Registered Nurses	17.2
TOTAL DISCHARGES	713	Medicare	74.5%	symptom mgmt	1.2	Lic. Prac. Nurses	2.5
		Medicaid	3.6	Respite care	0.8	Hospice Aides	5.7
REASON FOR DISCHARGE	E	Medicare/Medicaid	0.0	Total Patient Day	ys 49,622	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0			Occupational Therapists	0.0
appropriate	2.7%	PACE/Partnership	0.0	CASELOAD ON 12/31	L/01	Speech/Language	
Transferred:		Private Insurance	20.0	BY LIVING ARRANGE	EMENTS	Pathologists	0.0
care provided by		Self Pay	1.9	Private residence	e 78.7%	Bereavement Counselors	2.0
another hospice	0.6	Other	0.0	Nursing home	10.3	Social Workers	6.0
Revocation of		Total Admissions	750	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	9.7			Assisted living:		Volunteer Coordinator	1.0
Other	0.0	DEATHS BY SITE		Residential car	ce	Chaplain	1.6
Deaths	87.1	OF OCCURRENCE		apt. complex	2.9	Clerical/Office Support	
Total Discharges	713	Private residence	63.8%	Adult family ho		Other	1.0
100al bibonarges	, 13	Nursing home	15.1	Community-based		Total FTEs	49.4
DISCHARGES BY		Hospice res. fac.	0.0	res. facility		rocar ribb	17.1
LENGTH OF STAY		Assisted living:	0.0	Inpatient facilit		* Full-time equivalents	
1 - 7 days	23.1%	Residential care		Other site	0.0	rarr crime equivarenes	
8 - 14 days	14.7	apt. complex	0.0	Caseload	136	Volunteers who served	
15 - 30 days	17.4	Adult family home	0.0	Cascidad	130	patients of the	
31 - 60 days	17.4	Community-based	0.0			hospice in 2001:	105
31 - 60 days 61 - 90 days		_	<i>6</i> 0			mospice in 2001.	125
-	7.7	res. facility	6.0			Total house of	
91 - 180 days	12.5	Inpatient facility	15.1			Total hours of	
181 days - 1 year	5.0	Other site	0.0			service provided	
1 year or more	2.1	Total Deaths	621			during 2001 by these	
Total Discharges	713					volunteers:	7,878

Calumet County Hospice Agency 206 Court Street Chilton WI 53014					License Number: 557 Page 4 County: Calumet (920) 849-1424			
Ownership of Hospic			ental Cour	-	December 31, 200		1	
Title 18 (Medicare)						ient Count for 2001:	5	
Title 19 (Medicaid)					verage Daily Ce		0	
Licensed Hospice Re	sidentia.	l Facility? No		M.	ledicare Certifi	ed Inpatient Facility?	No	
AGE AND SEX OF		PRINCIPAL DIAGNOSIS (	OF	REFERRAL SOURC	E OF	CASELOAD ON 12/31/01		
UNDUPLICATED PATIEN	T COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED P	ATIENT COUNT	BY PAY SOURCE		
Under 20	0.0%	Malignant neoplasm		Physician	20.0%		100.0%	
20 to 54	20.0	(cancer)	40.0%	Hospital	40.0	Medicaid	0.0	
55 to 64	20.0	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0	
65 to 74	60.0	disease	0.0	Patient's fami	.ly 40.0	Managed Care/HMO	0.0	
75 to 84	0.0	Pulmonary disease	0.0	Home health ag	gency 0.0	PACE/Partnership	0.0	
85 to 94	0.0	Renal failure/		Nursing home	0.0	Private Insurance	0.0	
95 & over	0.0	kidney disease	20.0	Other	0.0	Self Pay	0.0	
Total Patients	5	Diabetes	0.0	Total Patients	5	Other	0.0	
		Alzheimer's disease	20.0			Caseload	1	
Male	60.0%	AIDS	0.0					
Female	40.0	ALS	20.0	PATIENT DAYS E	BY			
Total Patients	5	Other	0.0	LEVEL OF CARE		STAFFING	FTEs*	
		Total Patients	5	Routine home c	are 100.0%	Administrators	0.0	
TOTAL ADMISSIONS	4			Continuous car	e 0.0	Physicians	0.0	
		ADMISSIONS BY PAY SOU	JRCE	Inpatient care	e: acute	Registered Nurses	0.0	
TOTAL DISCHARGES	4	Medicare	75.0%	symptom mgmt	0.0	Lic. Prac. Nurses	0.0	
		Medicaid	0.0	Respite care	0.0	Hospice Aides	0.0	
REASON FOR DISCHARG	E	Medicare/Medicaid	0.0	Total Patient	Days 121	Physical Therapists	0.0	
Hospice care not		Managed Care/HMO	0.0			Occupational Therapists	0.0	
appropriate	0.0%	PACE/Partnership	0.0	CASELOAD ON 12	2/31/01	Speech/Language		
Transferred:		Private Insurance	0.0	BY LIVING ARRA	NGEMENTS	Pathologists	0.0	
care provided by		Self Pay	0.0	Private reside	ence 0.0%	Bereavement Counselors	0.0	
another hospice	0.0	Other	25.0	Nursing home	100.0	Social Workers	0.0	
Revocation of		Total Admissions	4	Hospice res. f	ac. 0.0	Dietary	0.0	
hospice benefit	0.0			Assisted livin	ıq:	Volunteer Coordinator	0.0	
Other	0.0	DEATHS BY SITE		Residential	care	Chaplain	0.0	
Deaths	100.0	OF OCCURRENCE		apt. compl	.ex 0.0	Clerical/Office Support	0.0	
Total Discharges	4	Private residence	100.0%	Adult family	home 0.0	Other	0.0	
_		Nursing home	0.0	Community-ba	ısed	Total FTEs	0.0	
DISCHARGES BY		Hospice res. fac.	0.0	res. facil	ity 0.0			
LENGTH OF STAY		Assisted living:		Inpatient faci	lity 0.0	* Full-time equivalents		
1 - 7 days	0.0%	Residential care		Other site	0.0	-		
8 - 14 days	25.0	apt. complex	0.0	Caseload	1	Volunteers who served		
15 - 30 days	50.0	Adult family home	0.0		_	patients of the		
31 - 60 days	25.0	Community-based				hospice in 2001:	4	
61 - 90 days	0.0	res. facility	0.0			1.25 -11 -11 -11	=	
91 - 180 days	0.0	Inpatient facility	0.0			Total hours of		
181 days - 1 year	0.0	Other site	0.0			service provided		
1 year or more	0.0	Total Deaths	4			during 2001 by these		
Total Discharges	4	<del> </del>	_			volunteers:	8	
	-					, 01 01100010	J	

Calumet Medical Cent 451 East Brooklyn Chilton WI 53014	ter Hosp	ice		Co	cense Number: unty: 20) 849-7505	554 Calumet	Page 5
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Res	Certific Certific	ed? Yes	it Corpora	Un Av	erage Daily Ce	ient Count for 2001:	2 27 2 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS (	OF	REFERRAL SOURCE	OF	CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	r count	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PA	TIENT COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	25.9%	Medicare	100.0%
20 to 54	18.5	(cancer)	44.4%	Hospital	7.4	Medicaid	0.0
55 to 64	3.7	Cardiovascular		Self-referral	7.4	Medicare/Medicaid	0.0
65 to 74	22.2	disease	14.8	Patient's famil		Managed Care/HMO	0.0
75 to 84	14.8	Pulmonary disease	11.1	Home health age	-	PACE/Partnership	0.0
85 to 94	29.6	Renal failure/		Nursing home	25.9	Private Insurance	0.0
95 & over	11.1	kidney disease	0.0	Other	11.1	Self Pay	0.0
Total Patients	27	Diabetes	0.0	Total Patients	27	Other	0.0
iotai iatitiits	27	Alzheimer's disease	11.1	rocar racicies	27	Caseload	2
Male	63.0%	AIDS	0.0			Casellau	4
Female	37.0	ALS	7.4	PATIENT DAYS BY	•		
Total Patients	27	Other	11.1	LEVEL OF CARE		STAFFING	FTEs*
TOTAL PATTERITS	27	Total Patients	27	Routine home ca	re 100.0%	Administrators	0.2
MOMAT ADMITSTANCE	26	TOTAL PACTERIES	27	Continuous care		Physicians	0.2
TOTAL ADMISSIONS	26	ADMIGGIONG DV DAY GO	TDGE	Inpatient care:		2	0.0
momat praguapana	٥٦	ADMISSIONS BY PAY SO		-		Registered Nurses	
TOTAL DISCHARGES	25	Medicare	0.0%	symptom mgmt	0.0	Lic. Prac. Nurses	0.0
	_	Medicaid	0.0	Respite care	0.0	Hospice Aides	0.1
REASON FOR DISCHARGE	ĸ	Medicare/Medicaid	76.9	Total Patient D	ays 884	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0			Occupational Therapists	0.0
appropriate	4.0%	PACE/Partnership	0.0	CASELOAD ON 12/	· ·	Speech/Language	
Transferred:		Private Insurance	19.2	BY LIVING ARRAN		Pathologists	0.0
care provided by		Self Pay	3.8	Private residen		Bereavement Counselors	0.3
another hospice	0.0	Other	0.0	Nursing home	0.0	Social Workers	0.2
Revocation of		Total Admissions	26	Hospice res. fa		Dietary	0.0
hospice benefit	4.0			Assisted living	:	Volunteer Coordinator	0.3
Other	0.0	DEATHS BY SITE		Residential c	are	Chaplain	0.1
Deaths	92.0	OF OCCURRENCE		apt. comple		Clerical/Office Support	
Total Discharges	25	Private residence	56.5%	Adult family	home 0.0	Other	0.0
		Nursing home	34.8	Community-bas	ed	Total FTEs	2.1
DISCHARGES BY		Hospice res. fac.	0.0	res. facili	ty 50.0		
LENGTH OF STAY		Assisted living:		Inpatient facil	ity 0.0	* Full-time equivalents	
1 - 7 days	40.0%	Residential care		Other site	0.0		
8 - 14 days	8.0	apt. complex	0.0	Caseload	2	Volunteers who served	
15 - 30 days	24.0	Adult family home	0.0			patients of the	
31 - 60 days	16.0	Community-based				hospice in 2001:	15
61 - 90 days	4.0	res. facility	8.7			-	
91 - 180 days	8.0	Inpatient facility	0.0			Total hours of	
181 days - 1 year	0.0	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	23			during 2001 by these	
Total Discharges	25		23			volunteers:	469
TOCAL DIDCHALGES	23					vorunceers.	100

St. Joseph's Hospic 2661 County Highway Chippewa Falls WI	I			County:	Number: 26-3485	1524 Chippewa	Page 6
Ownership of Hospic Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Re	Certifi Certifi	ed? Yes	t Church	Undupli Average	cated Pat Daily Ce	1 Caseload: ient Count for 2001: nsus: ed Inpatient Facility?	17 151 17 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS C		REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT		UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT		BY PAY SOURCE	
Under 20	2.0%	Malignant neoplasm		Physician	88.7%	Medicare	94.1%
20 to 54	6.6	(cancer)	62.9%	Hospital	0.0	Medicaid	0.0
55 to 64	7.9	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	30.5	disease	11.9	Patient's family	3.3	Managed Care/HMO	0.0
75 to 84	32.5	Pulmonary disease	7.9	Home health agency	0.7	PACE/Partnership	0.0
85 to 94	18.5	Renal failure/		Nursing home	1.3	Private Insurance	0.0
95 & over	2.0	kidney disease	2.0	Other	6.0	Self Pay	0.0
Total Patients	151	Diabetes	0.0	Total Patients	151	Other	5.9
		Alzheimer's disease	2.6			Caseload	17
Male	53.0%	AIDS	0.0				
Female	47.0	ALS	2.6	PATIENT DAYS BY			
Total Patients	151	Other	9.9	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	151	Routine home care	99.1%	Administrators	0.5
TOTAL ADMISSIONS	143			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	JRCE	Inpatient care: acut	.e	Registered Nurses	5.5
TOTAL DISCHARGES	137	Medicare	84.6%	symptom mgmt	0.9	Lic. Prac. Nurses	0.0
		Medicaid	2.8	Respite care	0.0	Hospice Aides	1.0
REASON FOR DISCHARG	E	Medicare/Medicaid	0.0	Total Patient Days	6,318	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0		., -	Occupational Therapists	
appropriate	3.6%	PACE/Partnership	0.0	CASELOAD ON 12/31/01		Speech/Language	
Transferred:		Private Insurance	11.2	BY LIVING ARRANGEMEN		Pathologists	0.0
care provided by		Self Pay	1.4	Private residence	94.1%	Bereavement Counselors	0.0
another hospice	0.0	Other	0.0	Nursing home	0.0	Social Workers	1.5
Revocation of	0.0	Total Admissions	143	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	2.9	TOTAL TAMEBUTOES	113	Assisted living:	0.0	Volunteer Coordinator	0.5
Other	0.0	DEATHS BY SITE		Residential care		Chaplain	0.3
Deaths	93.4	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	
Total Discharges	137	Private residence	71.9%	Adult family home	5.9	Other	0.5
Total Dibellarges	137	Nursing home	23.4	Community-based	3.7	Total FTEs	10.3
DISCHARGES BY		Hospice res. fac.	0.0	res. facility	0.0	TOTAL FIES	10.5
LENGTH OF STAY		Assisted living:	0.0	Inpatient facility	0.0	* Full-time equivalents	
1 - 7 days	29.9%	Residential care		Other site	0.0	ruii cime equivarents	
8 - 14 days	13.9	apt. complex	0.0		17	Volunteers who served	
6 - 14 days 15 - 30 days	15.3	Adult family home	0.0	Caseload	Ι/	patients of the	
31 - 60 days	17.5	Community-based	0.0			hospice in 2001:	50
31 - 60 days 61 - 90 days	8.0	res. facility	0 0			Hospice in 2001.	50
91 - 90 days 91 - 180 days		-	0.0			Total hours of	
	8.8	Inpatient facility	3.9			Total hours of	
181 days - 1 year	6.6	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	128			during 2001 by these	1 665
Total Discharges	137					volunteers:	1,665

Prairie du Chien Hos 705 East Taylor Stre Prairie du Chien WI			License County: (608) 35		1513 Crawford	Page 7		
Ownership of Hospice Title 18 (Medicare)			t Corpora				1 Caseload: ient Count for 2001:	18 137
Title 19 (Medicaid)					_	Daily Ce		12
Licensed Hospice Res							ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS O	F	REFERRAL SOUR	CE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED	PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician		70.1%	Medicare	77.8%
20 to 54	6.6	(cancer)	59.9%	Hospital		16.1	Medicaid	5.6
55 to 64	5.1	Cardiovascular		Self-referral	-	0.0	Medicare/Medicaid	5.6
65 to 74	24.1	disease	19.7	Patient's fam	nily	2.2	Managed Care/HMO	0.0
75 to 84	34.3	Pulmonary disease	7.3	Home health a	igency	1.5	PACE/Partnership	0.0
85 to 94	26.3	Renal failure/		Nursing home		7.3	Private Insurance	11.1
95 & over	3.6	kidney disease	3.6	Other		2.9	Self Pay	0.0
Total Patients	137	Diabetes	0.0	Total Patient	S	137	Other	0.0
		Alzheimer's disease	2.9				Caseload	18
Male	38.7%	AIDS	0.0					
Female	61.3	ALS	0.7	PATIENT DAYS	BY			
Total Patients	137	Other	5.8	LEVEL OF CARE	2		STAFFING	FTEs*
		Total Patients	137	Routine home	care	89.9%	Administrators	2.0
TOTAL ADMISSIONS	129			Continuous ca	ire	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	RCE	Inpatient car	e: acute	:	Registered Nurses	3.9
TOTAL DISCHARGES	122	Medicare	80.6%	symptom mgm	nt	9.7	Lic. Prac. Nurses	0.0
		Medicaid	3.9	Respite care		0.4	Hospice Aides	0.7
REASON FOR DISCHARGE	3	Medicare/Medicaid	5.4	Total Patient	Days	4,379	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0			,	Occupational Therapists	
appropriate	5.7%	PACE/Partnership	0.0	CASELOAD ON 1	2/31/01		Speech/Language	
Transferred:		Private Insurance	10.1	BY LIVING ARR	RANGEMENT	'S	Pathologists	0.0
care provided by		Self Pay	0.0	Private resid	lence	50.0%	Bereavement Counselors	0.3
another hospice	0.8	Other	0.0	Nursing home		27.8	Social Workers	1.6
Revocation of		Total Admissions	129	Hospice res.	fac.	0.0	Dietary	0.0
hospice benefit	4.9	10001 1102210112		Assisted livi		0.0	Volunteer Coordinator	0.1
Other	0.0	DEATHS BY SITE		Residential	_		Chaplain	0.0
Deaths	88.5	OF OCCURRENCE		apt. comp		0.0	Clerical/Office Support	
Total Discharges	122	Private residence	25.0%	Adult famil		0.0	Other	0.0
read promarges		Nursing home	27.8	Community-b		0.0	Total FTEs	9.5
DISCHARGES BY		Hospice res. fac.	0.0	res. faci		0.0	rocar ribb	5.5
LENGTH OF STAY		Assisted living:	0.0	Inpatient fac	-	5.6	* Full-time equivalents	
1 - 7 days	37.7%	Residential care		Other site	ZIIICY	16.7	rair eime equivarents	
8 - 14 days	12.3	apt. complex	0.0	Caseload		18	Volunteers who served	
15 - 30 days	23.8	Adult family home	0.0	Cabcidad		10	patients of the	
31 - 60 days	13.9	Community-based	0.0				hospice in 2001:	14
61 - 90 days	4.1	res. facility	2.8				mospice in 2001.	7.4
91 - 90 days 91 - 180 days	4.1	<b>-</b>	41.7				Total hours of	
181 days - 1 year		Inpatient facility Other site	2.8				service provided	
	0.8	Total Deaths	2.8 108				during 2001 by these	
1 year or more Total Discharges	3.3	IULAI DEALIIS	108					606
iotai Discharges	122						volunteers:	626

Hospicecare, Inc. 5395 East Cheryl Pa Madison WI 53711	arkway				License Number: County: (608) 276-4660	1505 Dane	Page 8
Ownership of Hospic Title 18 (Medicare Title 19 (Medicaid Licensed Hospice Re	) Certifie ) Certifie	ed? Yes	it Corpora		Average Daily Ce	ient Count for 2001:	168 1,205 151 Yes
AGE AND SEX OF		PRINCIPAL DIAGNOSIS	-	REFERRAL SOUR		CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN		UNDUPLICATED PATIENT	COUNT		PATIENT COUNT	BY PAY SOURCE	
Under 20	0.7%	Malignant neoplasm		Physician	38.1%	Medicare	70.2%
20 to 54	11.4	(cancer)	59.4%	Hospital	34.2	Medicaid	5.4
55 to 64	11.7	Cardiovascular		Self-referral		Medicare/Medicaid	10.1
65 to 74	19.8	disease	8.0	Patient's fam	-	Managed Care/HMO	10.1
75 to 84	32.1	Pulmonary disease	7.4	Home health a	-	PACE/Partnership	0.0
85 to 94	21.4	Renal failure/		Nursing home	6.3	Private Insurance	3.6
95 & over	2.8	kidney disease	2.6	Other	2.0	Self Pay	0.0
Total Patients	1,205	Diabetes	0.2	Total Patient	s 1,205	Other	0.6
		Alzheimer's disease	6.3			Caseload	168
Male	43.7%	AIDS	0.4				
Female	56.3	ALS	1.0	PATIENT DAYS	BY		
Total Patients	1,205	Other	14.7	LEVEL OF CARE	1	STAFFING	FTEs*
		Total Patients	1,205	Routine home	care 93.3%	Administrators	9.7
TOTAL ADMISSIONS	1,107			Continuous ca		Physicians	0.8
		ADMISSIONS BY PAY SO	URCE	Inpatient car	e: acute	Registered Nurses	37.1
TOTAL DISCHARGES	1,076	Medicare	70.0%	symptom mgm	it 5.9	Lic. Prac. Nurses	4.8
		Medicaid	2.5	Respite care	0.8	Hospice Aides	11.8
REASON FOR DISCHARG	3E	Medicare/Medicaid	7.8	Total Patient	Days 55,168	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	11.2			Occupational Therapi	sts 0.0
appropriate	3.5%	PACE/Partnership	0.0	CASELOAD ON 1	2/31/01	Speech/Language	
Transferred:		Private Insurance	8.5	BY LIVING ARR	ANGEMENTS	Pathologists	0.0
care provided by		Self Pay	0.0	Private resid	lence 72.6%	Bereavement Counselo	rs 4.8
another hospice	1.3	Other	0.0	Nursing home	5.4	Social Workers	8.8
Revocation of		Total Admissions	1,107	Hospice res.	fac. 3.0	Dietary	0.0
hospice benefit	1.7		•	Assisted livi		Volunteer Coordinato	r 2.1
Other	3.6	DEATHS BY SITE		Residential	_	Chaplain	2.1
Deaths	89.9	OF OCCURRENCE		apt. comp	olex .	Clerical/Office Supp	ort 26.1
Total Discharges	1,076	Private residence	39.7%	Adult famil		Other	3.4
	, -	Nursing home	6.8	Community-b	*	Total FTEs	111.4
DISCHARGES BY		Hospice res. fac.	4.3	res. faci			
LENGTH OF STAY		Assisted living:		Inpatient fac	-	* Full-time equivale	nts
1 - 7 days	31.0%	Residential care		Other site	0.0		
8 - 14 days	15.9	apt. complex		Caseload	168	Volunteers who serve	d
15 - 30 days	13.9	Adult family home	•		200	patients of the	
31 - 60 days	15.4	Community-based	•			hospice in 2001:	511
61 - 90 days	8.6	res. facility				11052100 111 2001	211
91 - 180 days	9.7	Inpatient facility	38.2			Total hours of	
181 days - 1 year	3.8	Other site	0.0			service provided	
1 year or more	1.6	Total Deaths	967			during 2001 by the	g <sub>A</sub>
Total Discharges	1,076	TOTAL DEATHS	201			volunteers:	21,326
TOTAL DISCHALGES	1,070					vorunceers.	21,320

Hillside Home Care/F 709 South University Beaver Dam WI 53916	/ Avenue			County	e Number: : :887-4050	1518 Dodge	Page 9
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid)	Certifie	ed? Yes	Nonprofit	Undupl	•	1 Caseload: ient Count for 2001: nsus:	8 88 11
Licensed Hospice Res	sidential	l Facility? No		Medicar	re Certifi	ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS	OF	REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	73.9%	Medicare	87.5%
20 to 54	9.1	(cancer)	79.5%	Hospital	25.0	Medicaid	0.0
55 to 64	11.4	Cardiovascular		Self-referral	1.1	Medicare/Medicaid	0.0
65 to 74	19.3	disease	8.0	Patient's family	0.0	Managed Care/HMO	0.0
75 to 84	39.8	Pulmonary disease	4.5	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	18.2	Renal failure/	1.0	Nursing home	0.0	Private Insurance	12.5
95 & over	2.3	kidney disease	2.3	Other	0.0	Self Pay	0.0
Total Patients	88	Diabetes	0.0	Total Patients	88	Other	0.0
10001 100101105		Alzheimer's disease	0.0	10001 100101100		Caseload	8
Male	54.5%	AIDS	1.1			Cabeloaa	Ü
Female	45.5	ALS	0.0	PATIENT DAYS BY			
Total Patients	88	Other	4.5	LEVEL OF CARE		STAFFING	FTEs*
rocar racrenes	00	Total Patients	88	Routine home care	99.1%	Administrators	0.5
TOTAL ADMISSIONS	80	rotar rationes	00	Continuous care	0.0	Physicians	0.0
TOTAL TEMPEDICAL	00	ADMISSIONS BY PAY SO	TRCE	Inpatient care: acut		Registered Nurses	2.4
TOTAL DISCHARGES	80	Medicare	77.5%	symptom mgmt	0.4	Lic. Prac. Nurses	0.0
TOTTE DISCHARGES	00	Medicaid	2.5	Respite care	0.5	Hospice Aides	0.4
REASON FOR DISCHARGE	7	Medicare/Medicaid	0.0	Total Patient Days	3,897	Physical Therapists	0.0
Hospice care not	2	Managed Care/HMO	0.0	Total Facicit Days	3,031	Occupational Therapists	
appropriate	1.3%	PACE/Partnership	0.0	CASELOAD ON 12/31/0	1	Speech/Language	0.0
Transferred:	1.5%	Private Insurance	20.0	BY LIVING ARRANGEMEN		Pathologists	0.0
care provided by		Self Pay	0.0	Private residence	62.5%	Bereavement Counselors	0.0
another hospice	1.3	Other	0.0	Nursing home	25.0	Social Workers	0.2
Revocation of	1.3	Total Admissions	80	Hospice res. fac.	0.0	Dietary	0.0
	8.8	TOTAL AUMISSIONS	80	Assisted living:	0.0	Volunteer Coordinator	0.0
hospice benefit Other	0.0	DEATHS BY SITE		Residential care		Chaplain	0.2
Deaths	88.8	OF OCCURRENCE			0 0	Clerical/Office Support	
Total Discharges	80	Private residence	60.0%	apt. complex	0.0	Other	0.0
local Discharges	80	Nursing home	69.0% 15.5	Adult family home Community-based	0.0	Total FTEs	4.8
DICCUIADCEC DV		_	0.0	2	12.5	IOCAI FIES	4.0
DISCHARGES BY LENGTH OF STAY		Hospice res. fac. Assisted living:	0.0	res. facility	0.0	* Eull time equipplement	
	27 50	Residential care		Inpatient facility Other site	0.0	* Full-time equivalents	
1 - 7 days	27.5%		0 0			17a]	
8 - 14 days	13.8	apt. complex		Caseload	8	Volunteers who served	
15 - 30 days	23.8	Adult family home	0.0			patients of the	0.4
31 - 60 days	15.0	Community-based	0 0			hospice in 2001:	24
61 - 90 days	7.5	res. facility	9.9			Makal baung -5	
91 - 180 days	8.8	Inpatient facility	5.6			Total hours of	
181 days - 1 year	3.8	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	71			during 2001 by these	1 100
Total Discharges	80					volunteers:	1,100

VNA of Wisconsin Hos 945 Egg Harbor Road Sturgeon Bay WI 542	_	urgeon Bay			License County: (414) 32		2004 Door	Page 10
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Res	Certific Certific	ed? Yes	t Corpora		Unduplic Average	ated Pat Daily Ce	1 Caseload: ient Count for 2001: nsus: ed Inpatient Facility?	3 35 3 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS C	F	REFERRAL SOUR	CE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED	PATIENT	COUNT	BY PAY SOURCE	
Under 20	5.7%	Malignant neoplasm		Physician		68.6%	Medicare	100.0%
20 to 54	11.4	(cancer)	40.0%	Hospital		2.9	Medicaid	0.0
55 to 64	2.9	Cardiovascular		Self-referral		0.0	Medicare/Medicaid	0.0
65 to 74	14.3	disease	22.9	Patient's fam	nily	11.4	Managed Care/HMO	0.0
75 to 84	34.3	Pulmonary disease	11.4	Home health a	igency	2.9	PACE/Partnership	0.0
85 to 94	25.7	Renal failure/		Nursing home		14.3	Private Insurance	0.0
95 & over	5.7	kidney disease	0.0	Other		0.0	Self Pay	0.0
Total Patients	35	Diabetes	0.0	Total Patient	s	35	Other	0.0
		Alzheimer's disease	0.0				Caseload	3
Male	34.3%	AIDS	2.9					
Female	65.7	ALS	0.0	PATIENT DAYS	BY			
Total Patients	35	Other	22.9	LEVEL OF CARE	:		STAFFING	FTEs*
		Total Patients	35	Routine home	care	98.1%	Administrators	0.5
TOTAL ADMISSIONS	33			Continuous ca	ire	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	IRCE	Inpatient car	e: acute	<u> </u>	Registered Nurses	3.2
TOTAL DISCHARGES	32	Medicare	93.9%	symptom mgm	ıt	1.5	Lic. Prac. Nurses	0.8
		Medicaid	0.0	Respite care		0.4	Hospice Aides	8.1
REASON FOR DISCHARGE	3	Medicare/Medicaid	0.0	Total Patient	Days	1,188	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0				Occupational Therapists	0.0
appropriate	3.1%	PACE/Partnership	0.0	CASELOAD ON 1	2/31/01		Speech/Language	
Transferred:		Private Insurance	3.0	BY LIVING ARR	ANGEMENT	'S	Pathologists	0.0
care provided by		Self Pay	0.0	Private resid	lence	66.7%	Bereavement Counselors	0.1
another hospice	3.1	Other	3.0	Nursing home		0.0	Social Workers	0.4
Revocation of		Total Admissions	33	Hospice res.	fac.	0.0	Dietary	0.0
hospice benefit	0.0			Assisted livi	.ng:		Volunteer Coordinator	0.0
Other	3.1	DEATHS BY SITE		Residential	care		Chaplain	0.0
Deaths	90.6	OF OCCURRENCE		apt. comp	olex	0.0	Clerical/Office Support	3.0
Total Discharges	32	Private residence	41.4%	Adult famil	y home	0.0	Other	0.0
		Nursing home	24.1	Community-b	ased		Total FTEs	16.1
DISCHARGES BY		Hospice res. fac.	0.0	res. faci	lity	33.3		
LENGTH OF STAY		Assisted living:		Inpatient fac	ility	0.0	* Full-time equivalents	
1 - 7 days	37.5%	Residential care		Other site		0.0		
8 - 14 days	12.5	apt. complex	0.0	Caseload		3	Volunteers who served	
15 - 30 days	21.9	Adult family home	0.0				patients of the	
31 - 60 days	15.6	Community-based					hospice in 2001:	10
61 - 90 days	3.1	res. facility	17.2				_	
91 - 180 days	3.1	Inpatient facility	17.2				Total hours of	
181 days - 1 year	6.3	Other site	0.0				service provided	
1 year or more	0.0	Total Deaths	29				during 2001 by these	
Total Discharges	32						volunteers:	51
9								

Northwest Wisconsin 2620 Stein Boulevard Eau Claire WI 54702	d, Box 20	<del>-</del>		County	se Number: y: 831-0100	1519 Eau Claire	Page 11
Ownership of Hospice			Nonprofit		ber 31, 200		39
Title 18 (Medicare) Title 19 (Medicaid)				-	ge Daily Cer	ient Count for 2001:	218 32
Licensed Hospice Res					-	ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS O	F	REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT		UNDUPLICATED PATIE	NT COUNT	BY PAY SOURCE	
Under 20	1.4%	Malignant neoplasm		Physician	28.4%	Medicare	87.2%
20 to 54	8.7	(cancer)	62.4%	Hospital	29.4	Medicaid	0.0
55 to 64	11.9	Cardiovascular		Self-referral	5.5	Medicare/Medicaid	0.0
65 to 74	20.6	disease	11.0	Patient's family	15.6	Managed Care/HMO	2.6
75 to 84	33.0	Pulmonary disease	7.3	Home health agency	1.8	PACE/Partnership	2.6
85 to 94	21.1	Renal failure/		Nursing home	12.4	Private Insurance	7.7
95 & over	3.2	kidney disease	3.7	Other	6.9	Self Pay	0.0
Total Patients	218	Diabetes	0.0	Total Patients	218	Other	0.0
		Alzheimer's disease	3.2			Caseload	39
Male	47.2%	AIDS	0.5				
Female	52.8	ALS	1.4	PATIENT DAYS BY			
Total Patients	218	Other	10.6	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	218	Routine home care	99.4%	Administrators	2.5
TOTAL ADMISSIONS	196			Continuous care	0.2	Physicians	0.1
		ADMISSIONS BY PAY SOU	RCE	Inpatient care: act	ute	Registered Nurses	3.5
TOTAL DISCHARGES	185	Medicare	81.1%	symptom mgmt	0.3	Lic. Prac. Nurses	0.0
		Medicaid	4.1	Respite care	0.1	Hospice Aides	1.4
REASON FOR DISCHARGE	3	Medicare/Medicaid	0.0	Total Patient Days	11,661	Physical Therapists	0.1
Hospice care not		Managed Care/HMO	1.0	_		Occupational Therapists	0.1
appropriate	0.0%	PACE/Partnership	2.0	CASELOAD ON 12/31/	01	Speech/Language	
Transferred:		Private Insurance	11.7	BY LIVING ARRANGEM	ENTS	Pathologists	0.0
care provided by		Self Pay	0.0	Private residence	71.8%	Bereavement Counselors	1.3
another hospice	0.0	Other	0.0	Nursing home	17.9	Social Workers	4.3
Revocation of		Total Admissions	196	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	10.3			Assisted living:		Volunteer Coordinator	0.0
Other	0.0	DEATHS BY SITE		Residential care		Chaplain	0.0
Deaths	89.7	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	4.8
Total Discharges	185	Private residence	69.9%	Adult family home	e 2.6	Other	0.0
_		Nursing home	15.7	Community-based		Total FTEs	18.0
DISCHARGES BY		Hospice res. fac.	0.0	res. facility	7.7		
LENGTH OF STAY		Assisted living:		Inpatient facility	0.0	* Full-time equivalents	5
1 - 7 days	29.7%	Residential care		Other site	0.0	-	
8 - 14 days	13.5	apt. complex	0.0	Caseload	39	Volunteers who served	
15 - 30 days	18.4	Adult family home	3.0			patients of the	
31 - 60 days	14.6	Community-based				hospice in 2001:	28
61 - 90 days	7.6	res. facility	8.4			-	
91 - 180 days	9.7	Inpatient facility	3.0			Total hours of	
181 days - 1 year	4.9	Other site	0.0			service provided	
1 year or more	1.6	Total Deaths	166			during 2001 by these	
Total Discharges	185					volunteers:	1,189

St. Agnes Hospital I 239 Trowbridge, Box Fond du Lac WI 5493	385	Hope			License County: (920) 9	Number:	1512 Fond du Lac	Page 12
Ownership of Hospice Title 18 (Medicare)	Certifi	ed? Yes	t Church	/Corporation	Undupli	cated Pat:	l Caseload: ient Count for 2001:	50 501
Title 19 (Medicaid) Licensed Hospice Res						Daily Cer e Certific	nsus: ed Inpatient Facility?	70 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS O	F	REFERRAL SOU	JRCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	r count	UNDUPLICATED PATIENT	COUNT	UNDUPLICATE	PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.4%	Malignant neoplasm		Physician		14.8%	Medicare	80.0%
20 to 54	9.4	(cancer)	59.5%	Hospital		21.0	Medicaid	2.0
55 to 64	8.6	Cardiovascular		Self-referra	al	4.0	Medicare/Medicaid	0.0
65 to 74	18.8	disease	13.2	Patient's fa	amily	0.0	Managed Care/HMO	0.0
75 to 84	33.3	Pulmonary disease	4.0	Home health	agency	2.4	PACE/Partnership	0.0
85 to 94	26.7	Renal failure/		Nursing home	2	2.0	Private Insurance	16.0
95 & over	2.8	kidney disease	4.6	Other		55.9	Self Pay	0.0
Total Patients	501	Diabetes	0.0	Total Patier	nts	501	Other	2.0
		Alzheimer's disease	3.6				Caseload	50
Male	48.1%	AIDS	0.2					
Female	51.9	ALS	0.8	PATIENT DAYS	BY			
Total Patients	501	Other	14.2	LEVEL OF CAR	RE		STAFFING	FTEs*
		Total Patients	501	Routine home		99.9%	Administrators	1.0
TOTAL ADMISSIONS	428	10001 100101102	301	Continuous o		0.0	Physicians	0.1
	120	ADMISSIONS BY PAY SOU	RCE	Inpatient ca			Registered Nurses	13.5
TOTAL DISCHARGES	478	Medicare	82.7%	symptom mo		0.1	Lic. Prac. Nurses	0.0
1011III DIDGIIIIIGID	170	Medicaid	1.6	Respite care	•	0.0	Hospice Aides	12.1
REASON FOR DISCHARGE	7	Medicare/Medicaid	0.0	Total Patier		25,533	Physical Therapists	0.0
Hospice care not	-	Managed Care/HMO	0.0	TOTAL TACTOR	ic Days	23,333	Occupational Therapist	
appropriate	1.3%	PACE/Partnership	0.0	CASELOAD ON	12/31/01		Speech/Language	5 0.0
Transferred:	1.50	Private Insurance	15.0	BY LIVING AF			Pathologists	0.0
care provided by		Self Pay	0.0	Private resi		48.0%	Bereavement Counselors	
another hospice	3.6	Other	0.7	Nursing home		18.0	Social Workers	1.6
-	3.0	Total Admissions	428	_		24.0		
Revocation of	1 2	TOTAL AUMISSIONS	428	Hospice res.		24.0	Dietary	0.0
hospice benefit	1.3 4.2	DEADUG DV GIDE		Assisted liv	_		Volunteer Coordinator	2.2
Other		DEATHS BY SITE		Residentia		0 0	Chaplain	0.1
Deaths	89.7	OF OCCURRENCE	42.40	apt. com	-	0.0	Clerical/Office Suppor	
Total Discharges	478	Private residence	43.4%	Adult fami	-	4.0	Other	0.0
		Nursing home	20.0	Community-		- 0	Total FTEs	32.5
DISCHARGES BY		Hospice res. fac.	25.4	res. fac	4	6.0		
LENGTH OF STAY		Assisted living:		Inpatient fa	acility	0.0	* Full-time equivalent	S
1 - 7 days	30.3%	Residential care		Other site		0.0		
8 - 14 days	12.8	apt. complex	3.5	Caseload		50	Volunteers who served	
15 - 30 days	20.1	Adult family home	0.9				patients of the	
31 - 60 days	14.0	Community-based					hospice in 2001:	221
61 - 90 days	9.2	res. facility	6.8					
91 - 180 days	9.6	Inpatient facility	0.0				Total hours of	
181 days - 1 year	3.6	Other site	0.0				service provided	
1 year or more	0.4	Total Deaths	429				during 2001 by these	
Total Discharges	478						volunteers:	16,451

Grant County Hospice 111 South Jefferson S Lancaster WI 53813	Street			Cou	cense Number: unty: 08) 723-6416	516 Grant	Page 13
Ownership of Hospice: Title 18 (Medicare) O			nmental Cour	-	cember 31, 2003 duplicated Pata	l Caseload: Lent Count for 2001:	3 52
Title 19 (Medicaid) (	Certifie	d? Yes		Ave	erage Daily Cer	nsus:	6
Licensed Hospice Resi	idential	Facility? No		Med	dicare Certifie	ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS	5 OF	REFERRAL SOURCE	OF	CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIEN	NT COUNT	UNDUPLICATED PAT	TIENT COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	32.7%	Medicare	33.3%
20 to 54	0.0	(cancer)	67.3%	Hospital	17.3	Medicaid	0.0
55 to 64	13.5	Cardiovascular		Self-referral	5.8	Medicare/Medicaid	0.0
65 to 74	23.1	disease	13.5	Patient's family	y 28.8	Managed Care/HMO	0.0
75 to 84	44.2	Pulmonary disease	1.9	Home health ager	ncy 3.8	PACE/Partnership	0.0
85 to 94	19.2	Renal failure/		Nursing home	9.6	Private Insurance	66.7
95 & over	0.0	kidney disease	13.5	Other	1.9	Self Pay	0.0
Total Patients	52	Diabetes	0.0	Total Patients	52	Other	0.0
		Alzheimer's disease	e 1.9			Caseload	3
Male	48.1%	AIDS	0.0				
Female	51.9	ALS	0.0	PATIENT DAYS BY			
Total Patients	52	Other	1.9	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	52	Routine home car	re 97.9%	Administrators	1.0
TOTAL ADMISSIONS	52			Continuous care	0.0	Physicians	0.1
		ADMISSIONS BY PAY S	SOURCE	Inpatient care:	acute	Registered Nurses	0.7
TOTAL DISCHARGES	50	Medicare	84.6%	symptom mgmt	0.6	Lic. Prac. Nurses	0.0
		Medicaid	1.9	Respite care	1.6	Hospice Aides	0.1
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Total Patient Da	ays 2,113	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	9.6			Occupational Therapists	0.0
appropriate	2.0%	PACE/Partnership	0.0	CASELOAD ON 12/3	·	Speech/Language	
Transferred:		Private Insurance	3.8	BY LIVING ARRANO		Pathologists	0.0
care provided by		Self Pay	0.0	Private residence		Bereavement Counselors	0.2
another hospice	0.0	Other	0.0	Nursing home	0.0	Social Workers	0.4
Revocation of		Total Admissions	52	Hospice res. fac		Dietary	0.1
hospice benefit	10.0			Assisted living		Volunteer Coordinator	0.2
Other	0.0	DEATHS BY SITE		Residential ca		Chaplain	0.0
Deaths	88.0	OF OCCURRENCE		apt. complex		Clerical/Office Support	
Total Discharges	50	Private residence	50.0%	Adult family h		Other	0.0
		Nursing home	34.1	Community-base		Total FTEs	3.2
DISCHARGES BY		Hospice res. fac.	0.0	res. facilit	-		
LENGTH OF STAY		Assisted living:		Inpatient facili		* Full-time equivalents	
1 - 7 days	38.0%	Residential care		Other site	0.0		
8 - 14 days	6.0	apt. complex	0.0	Caseload	3	Volunteers who served	
15 - 30 days	16.0	Adult family home	0.0			patients of the	
31 - 60 days	14.0	Community-based				hospice in 2001:	16
61 - 90 days	14.0	res. facility	0.0				
91 - 180 days	10.0	Inpatient facility	15.9			Total hours of	
181 days - 1 year	2.0	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	44			during 2001 by these	
Total Discharges	50					volunteers:	533

The Monroe Clinic He 515 22nd Avenue Monroe WI 53566	ospice			Cou	cense Number: anty: 08) 324-1230	1523 Green	Page 14
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Res	Certifi Certifi	ed? Yes	it Corpora	Und Ave	erage Daily Ce	ient Count for 2001:	13 108 11 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS (		REFERRAL SOURCE		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT		UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PAT		BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	86.1%	Medicare	92.3%
20 to 54	7.4	(cancer)	55.6%	Hospital	7.4	Medicaid	0.0
55 to 64	11.1	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	18.5	disease	13.0	Patient's family		Managed Care/HMO	0.0
75 to 84	32.4	Pulmonary disease	10.2	Home health agen		PACE/Partnership	0.0
85 to 94	26.9	Renal failure/		Nursing home	4.6	Private Insurance	7.7
95 & over	3.7	kidney disease	1.9	Other	0.0	Self Pay	0.0
Total Patients	108	Diabetes	0.0	Total Patients	108	Other	0.0
		Alzheimer's disease	10.2			Caseload	13
Male	44.4%	AIDS	0.0				
Female	55.6	ALS	0.0	PATIENT DAYS BY			
Total Patients	108	Other	9.3	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	108	Routine home car	e 98.6%	Administrators	1.0
TOTAL ADMISSIONS	99			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	JRCE	Inpatient care:	acute	Registered Nurses	3.4
TOTAL DISCHARGES	97	Medicare	86.9%	symptom mgmt	1.2	Lic. Prac. Nurses	0.0
		Medicaid	2.0	Respite care	0.2	Hospice Aides	0.6
REASON FOR DISCHARGE	E	Medicare/Medicaid	0.0	Total Patient Da		Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0			Occupational Therapists	0.0
appropriate	11.3%	PACE/Partnership	0.0	CASELOAD ON 12/3	31/01	Speech/Language	
Transferred:		Private Insurance	11.1	BY LIVING ARRANG	SEMENTS	Pathologists	0.0
care provided by		Self Pay	0.0	Private residenc	ce 53.8%	Bereavement Counselors	0.5
another hospice	1.0	Other	0.0	Nursing home	30.8	Social Workers	0.8
Revocation of		Total Admissions	99	Hospice res. fac		Dietary	0.1
hospice benefit	0.0	100a1 Hamilberons		Assisted living:		Volunteer Coordinator	0.5
Other	0.0	DEATHS BY SITE		Residential ca		Chaplain	0.2
Deaths	87.6	OF OCCURRENCE		apt. complex		Clerical/Office Support	
Total Discharges	97	Private residence	44.7%	Adult family h		Other	0.0
rocar bibenarges	,	Nursing home	34.1	Community-base		Total FTEs	8.0
DISCHARGES BY		Hospice res. fac.	0.0	res. facilit		TOTAL TIES	0.0
LENGTH OF STAY		Assisted living:	0.0	Inpatient facili	-	* Full-time equivalents	
1 - 7 days	20.6%	Residential care		Other site	0.0	rarr crime eqarvarence	
8 - 14 days	22.7	apt. complex	0.0		13	Volunteers who served	
15 - 30 days	21.6	Adult family home	0.0	Cabcidad	13	patients of the	
31 - 60 days	18.6	Community-based	0.0			hospice in 2001:	43
61 - 90 days	8.2	res. facility	16.5			Hospice III 2001.	43
91 - 90 days	8.2	Inpatient facility	4.7			Total hours of	
	0.0	Other site	0.0			service provided	
181 days - 1 year						<del>-</del>	
1 year or more	0.0	Total Deaths	85			during 2001 by these	2 201
Total Discharges	97					volunteers:	2,391

Upland Hills Hospice 800 Compassion Way Dodgeville WI 5353				Co	cense Number: ounty: 508) 930-7220	545 Iowa	Page 15
Ownership of Hospice			t Corpora		ecember 31, 200		10
Title 18 (Medicare)					-	ient Count for 2001:	71
Title 19 (Medicaid)					rerage Daily Ce		13
Licensed Hospice Res	sidentia.	l Facility? No		M∈	edicare Certifi	ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS C	F	REFERRAL SOURCE	OF	CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	r count	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PA	TIENT COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	85.9%	Medicare	90.0%
20 to 54	9.9	(cancer)	66.2%	Hospital	1.4	Medicaid	0.0
55 to 64	16.9	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	19.7	disease	12.7	Patient's famil	y 5.6	Managed Care/HMO	10.0
75 to 84	33.8	Pulmonary disease	2.8	Home health age	ency 1.4	PACE/Partnership	0.0
85 to 94	16.9	Renal failure/		Nursing home	4.2	Private Insurance	0.0
95 & over	2.8	kidney disease	5.6	Other	1.4	Self Pay	0.0
Total Patients	71	Diabetes	0.0	Total Patients	71	Other	0.0
		Alzheimer's disease	0.0			Caseload	10
Male	50.7%	AIDS	0.0				
Female	49.3	ALS	1.4	PATIENT DAYS BY	?		
Total Patients	71	Other	11.3	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	71	Routine home ca	are 98.6%	Administrators	0.4
TOTAL ADMISSIONS	66			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	JRCE	Inpatient care:	acute	Registered Nurses	2.4
TOTAL DISCHARGES	66	Medicare	86.4%	symptom mgmt	0.2	Lic. Prac. Nurses	0.5
		Medicaid	0.0	Respite care	1.3	Hospice Aides	0.5
REASON FOR DISCHARGE	E	Medicare/Medicaid	0.0	Total Patient D		Physical Therapists	0.0
Hospice care not	_	Managed Care/HMO	3.0		-7:00	Occupational Therapists	0.0
appropriate	4.5%	PACE/Partnership	0.0	CASELOAD ON 12/	31/01	Speech/Language	0.0
Transferred:	1.00	Private Insurance	7.6	BY LIVING ARRAN	·	Pathologists	0.0
care provided by		Self Pay	1.5	Private residen		Bereavement Counselors	0.3
another hospice	3.0	Other	1.5	Nursing home	10.0	Social Workers	0.9
Revocation of	3.0	Total Admissions	66	Hospice res. fa		Dietary	0.0
hospice benefit	15.2	TOTAL AUMISSIONS	00	Assisted living		Volunteer Coordinator	0.8
Other	0.0	DEATHS BY SITE		Residential o	•	Chaplain	0.0
Deaths	77.3	OF OCCURRENCE		apt. comple		Clerical/Office Support	1.0
	66	Private residence	62.7%			Other	0.0
Total Discharges	00		17.6	Adult family Community-bas		Total FTEs	6.6
DISCHARGES BY		Nursing home	0.0	res. facili		IOCAI FIES	0.0
LENGTH OF STAY		Hospice res. fac. Assisted living:	0.0	Inpatient facil	-	* Full-time equivalents	
	0 10	Residential care		-	0.0	" Full-time equivalents	
1 - 7 days	9.1%		0 0	Other site		**************************************	
8 - 14 days	15.2	apt. complex	0.0	Caseload	10	Volunteers who served	
15 - 30 days	16.7	Adult family home	0.0			patients of the	2.0
31 - 60 days	15.2	Community-based	0 0			hospice in 2001:	38
61 - 90 days	13.6	res. facility	9.8			m . 1 1	
91 - 180 days	15.2	Inpatient facility	9.8			Total hours of	
181 days - 1 year	15.2	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	51			during 2001 by these	
Total Discharges	66					volunteers:	1,411

Rainbow Hospice Care 147 West Rockwell St Jefferson WI 53549	-			County:	Number: 74-6255	508 Jefferson	Page 16
Ownership of Hospice Title 18 (Medicare)			Nonprofit			1 Caseload: ient Count for 2001:	20 180
Title 19 (Medicaid)	Certifie	ed? Yes		<u>-</u>	Daily Ce		20
Licensed Hospice Res	sidentia	l Facility? No				ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS C	F	REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	r count	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.6%	Malignant neoplasm		Physician	29.4%	Medicare	80.0%
20 to 54	10.6	(cancer)	75.0%	Hospital	35.0	Medicaid	0.0
55 to 64	8.3	Cardiovascular		Self-referral	2.8	Medicare/Medicaid	0.0
65 to 74	29.4	disease	4.4	Patient's family	23.9	Managed Care/HMO	0.0
75 to 84	26.1	Pulmonary disease	5.6	Home health agency	2.2	PACE/Partnership	0.0
85 to 94	21.7	Renal failure/		Nursing home	6.7	Private Insurance	15.0
95 & over	3.3	kidney disease	1.7	Other	0.0	Self Pay	5.0
Total Patients	180	Diabetes	0.0	Total Patients	180	Other	0.0
		Alzheimer's disease	5.0			Caseload	20
Male	48.9%	AIDS	0.6				
Female	51.1	ALS	0.0	PATIENT DAYS BY			
Total Patients	180	Other	7.8	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	180	Routine home care	98.1%	Administrators	1.0
TOTAL ADMISSIONS	178			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	IRCE	Inpatient care: acut	e	Registered Nurses	5.5
TOTAL DISCHARGES	174	Medicare	73.6%	symptom mgmt	0.7	Lic. Prac. Nurses	1.0
		Medicaid	2.8	Respite care	1.2	Hospice Aides	1.0
REASON FOR DISCHARGE	3	Medicare/Medicaid	6.2	Total Patient Days	7,211	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	-		Occupational Therapists	0.0
appropriate	5.2%	PACE/Partnership	0.0	CASELOAD ON 12/31/01		Speech/Language	
Transferred:		Private Insurance	17.4	BY LIVING ARRANGEMEN	TS	Pathologists	0.0
care provided by		Self Pay	0.0	Private residence	55.0%	Bereavement Counselors	0.6
another hospice	1.7	Other	0.0	Nursing home	15.0	Social Workers	1.6
Revocation of		Total Admissions	178	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	9.2			Assisted living:		Volunteer Coordinator	0.4
Other	0.0	DEATHS BY SITE		Residential care		Chaplain	0.0
Deaths	83.9	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	1.5
Total Discharges	174	Private residence	72.6%	Adult family home	0.0	Other	0.0
3		Nursing home	14.4	Community-based		Total FTEs	12.6
DISCHARGES BY		Hospice res. fac.	0.0	res. facility	30.0		
LENGTH OF STAY		Assisted living:		Inpatient facility	0.0	* Full-time equivalents	
1 - 7 days	29.3%	Residential care		Other site	0.0	-	
8 - 14 days	14.9	apt. complex	0.0	Caseload	20	Volunteers who served	
15 - 30 days	17.2	Adult family home	0.0		-	patients of the	
31 - 60 days	19.5	Community-based				hospice in 2001:	45
61 - 90 days	9.2	res. facility	7.5				
91 - 180 days	5.2	Inpatient facility	5.5			Total hours of	
181 days - 1 year	4.6	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	146			during 2001 by these	
Total Discharges	174		_10			volunteers:	1,064
TOTAL DISCHALGES	1/1					vorunceers.	1,001

Hospice Alliance, In 600 52nd Street, Su Kenosha WI 53140				Coun	ense Number: aty: 2) 652-4400	1502 Kenosha	Page 17
Ownership of Hospic	Certifi	ed? Yes	t Corpora	Undu	-	ient Count for 2001:	39 352
Title 19 (Medicaid) Licensed Hospice Re					age Daily Ce care Certifi	nsus: ed Inpatient Facility?	52 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS O	F	REFERRAL SOURCE O	F	CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN	T COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATI	ENT COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	29.8%	Medicare	97.4%
20 to 54	5.7	(cancer)	61.1%	Hospital	28.4	Medicaid	0.0
55 to 64	7.4	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	17.3	disease	13.1	Patient's family	23.9	Managed Care/HMO	0.0
75 to 84	46.3	Pulmonary disease	10.8	Home health agenc	y 0.0	PACE/Partnership	0.0
85 to 94	19.6	Renal failure/		Nursing home	11.9	Private Insurance	2.6
95 & over	3.7	kidney disease	2.0	Other	6.0	Self Pay	0.0
Total Patients	352	Diabetes	0.0	Total Patients	352	Other	0.0
		Alzheimer's disease	6.0			Caseload	39
Male	55.4%	AIDS	0.3				
Female	44.6	ALS	0.3	PATIENT DAYS BY			
Total Patients	352	Other	6.5	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	352	Routine home care	99.8%	Administrators	0.5
TOTAL ADMISSIONS	316			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	RCE	Inpatient care: a	cute	Registered Nurses	4.5
TOTAL DISCHARGES	317	Medicare	84.5%	symptom mgmt	0.1	Lic. Prac. Nurses	0.5
		Medicaid	1.9	Respite care	0.1	Hospice Aides	3.0
REASON FOR DISCHARG	E	Medicare/Medicaid	0.0	Total Patient Day		Physical Therapists	0.0
Hospice care not	_	Managed Care/HMO	0.0	rear racreme bay	2 17,001	Occupational Therapist	
appropriate	5.7%	PACE/Partnership	0.0	CASELOAD ON 12/31	/01	Speech/Language	0.0
Transferred:	3.70	Private Insurance	12.3	BY LIVING ARRANGE	•	Pathologists	0.0
care provided by		Self Pay	1.3	Private residence		Bereavement Counselors	
another hospice	1.6	Other	0.0	Nursing home	25.6	Social Workers	0.5
Revocation of	1.0	Total Admissions	316	Hospice res. fac.		Dietary	0.0
	3.5	TOTAL AUMISSIONS	310	Assisted living:	0.0	Volunteer Coordinator	0.5
hospice benefit Other	0.0	DEATHS BY SITE		Residential car		Chaplain	0.3
Deaths	89.3	OF OCCURRENCE			0.0		
			76 29	apt. complex		Clerical/Office Suppor	
Total Discharges	317	Private residence	76.3%	Adult family ho		Other	0.0
DIGGUIDGEG DU		Nursing home	19.8	Community-based		Total FTEs	13.0
DISCHARGES BY		Hospice res. fac.	0.0	res. facility		* = 33	
LENGTH OF STAY	10.60	Assisted living:		Inpatient facilit	-	* Full-time equivalents	S
1 - 7 days	19.6%	Residential care		Other site	0.0		
8 - 14 days	12.3	apt. complex	0.0	Caseload	39	Volunteers who served	
15 - 30 days	17.0	Adult family home	0.0			patients of the	
31 - 60 days	20.2	Community-based				hospice in 2001:	600
61 - 90 days	9.8	res. facility	1.8				
91 - 180 days	11.7	Inpatient facility	2.1			Total hours of	
181 days - 1 year	8.2	Other site	0.0			service provided	
1 year or more	1.3	Total Deaths	283			during 2001 by these	
Total Discharges	317					volunteers:	3,808

Franciscan Skemp Ho 212 South 11th Stree La Crosse WI 54601			License County: (608) 7	Number: 91-9790	1507 La Crosse	Page 18		
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Re	Certifi Certifi	ed? Yes	t Church,	/Corporation	Undupli Average	cated Pata Daily Ce	l Caseload: ient Count for 2001: nsus: ed Inpatient Facility?	24 134 22 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS O	_	REFERRAL SOU			CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN		UNDUPLICATED PATIENT	COUNT	UNDUPLICATE	PATIENT		BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician		51.5%	Medicare	91.7%
20 to 54	7.5	(cancer)	57.5%	Hospital		20.1	Medicaid	0.0
55 to 64	10.4	Cardiovascular		Self-referra		9.7	Medicare/Medicaid	4.2
65 to 74	20.1	disease	17.2	Patient's fa	-	0.0	Managed Care/HMO	0.0
75 to 84	34.3	Pulmonary disease	13.4	Home health		0.0	PACE/Partnership	0.0
85 to 94	23.1	Renal failure/		Nursing home	9	15.7	Private Insurance	4.2
95 & over	4.5	kidney disease	1.5	Other		3.0	Self Pay	0.0
Total Patients	134	Diabetes	0.7	Total Patier	nts	134	Other	0.0
		Alzheimer's disease	2.2				Caseload	24
Male	52.2%	AIDS	0.0					
Female	47.8	ALS	0.0	PATIENT DAYS	BY			
Total Patients	134	Other	7.5	LEVEL OF CAR	RE .		STAFFING	FTEs*
		Total Patients	134	Routine home	e care	98.1%	Administrators	0.5
TOTAL ADMISSIONS	118			Continuous o	care	0.0	Physicians	0.1
		ADMISSIONS BY PAY SOU	RCE	Inpatient ca	are: acut	e	Registered Nurses	2.8
TOTAL DISCHARGES	112	Medicare	83.1%	symptom mg	gmt	0.8	Lic. Prac. Nurses	0.0
		Medicaid	0.8	Respite care	<u> </u>	1.1	Hospice Aides	1.5
REASON FOR DISCHARG	E	Medicare/Medicaid	0.0	Total Patier	nt Days	7,934	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0				Occupational Therapists	0.0
appropriate	5.4%	PACE/Partnership	0.0	CASELOAD ON	12/31/01		Speech/Language	
Transferred:		Private Insurance	15.3	BY LIVING AF	RRANGEMEN	TS	Pathologists	0.0
care provided by		Self Pay	0.8	Private resi	dence	83.3%	Bereavement Counselors	0.0
another hospice	0.0	Other	0.0	Nursing home	2	12.5	Social Workers	1.2
Revocation of		Total Admissions	118	Hospice res.	fac.	0.0	Dietary	0.0
hospice benefit	2.7			Assisted liv	ring:		Volunteer Coordinator	0.0
Other	0.9	DEATHS BY SITE		Residentia	al care		Chaplain	0.5
Deaths	91.1	OF OCCURRENCE		apt. com	mplex	0.0	Clerical/Office Support	0.8
Total Discharges	112	Private residence	56.9%	Adult fami	lly home	4.2	Other	0.1
		Nursing home	32.4	Community-			Total FTEs	7.4
DISCHARGES BY		Hospice res. fac.	0.0	res. fac		0.0		
LENGTH OF STAY		Assisted living:		Inpatient fa	acility	0.0	* Full-time equivalents	
1 - 7 days	25.0%	Residential care		Other site		0.0		
8 - 14 days		apt. complex	0.0	Caseload		24	Volunteers who served	
15 - 30 days	10.7	Adult family home	5.9				patients of the	
31 - 60 days	17.9	Community-based					hospice in 2001:	34
61 - 90 days	7.1	res. facility	0.0				-	
91 - 180 days	11.6	Inpatient facility	4.9				Total hours of	
181 days - 1 year	7.1	Other site	0.0				service provided	
1 year or more	0.9	Total Deaths	102				during 2001 by these	
Total Discharges	112						volunteers:	799
3								

Gunderson Lutheran B 811 Monitor Street, La Crosse WI 54603	_	_	Co	icense Number: ounty: 608) 791-8435	528 La Crosse	Page 19	
Ownership of Hospice Title 18 (Medicare)		<u>-</u>	t Corpora		ecember 31, 200 nduplicated Pat	1 Caseload: ient Count for 2001:	26 202
Title 19 (Medicaid)	Certifie	ed? Yes		A	verage Daily Ce	nsus:	22
Licensed Hospice Res	sidentia	l Facility? No		Me	edicare Certifi	ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS O	F	REFERRAL SOURC	E OF	CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PA	ATIENT COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	36.1%	Medicare	69.2%
20 to 54	10.4	(cancer)	67.3%	Hospital	42.1	Medicaid	7.7
55 to 64	10.9	Cardiovascular		Self-referral	0.5	Medicare/Medicaid	19.2
65 to 74	21.8	disease	15.3	Patient's fami	ly 0.0	Managed Care/HMO	0.0
75 to 84	38.6	Pulmonary disease	3.0	Home health age	ency 2.5	PACE/Partnership	0.0
85 to 94	16.3	Renal failure/		Nursing home	10.4	Private Insurance	0.0
95 & over	2.0	kidney disease	1.0	Other	8.4	Self Pay	0.0
Total Patients	202	Diabetes	0.5	Total Patients	202	Other	3.8
		Alzheimer's disease	0.0			Caseload	26
Male	51.5%	AIDS	0.0				
Female	48.5	ALS	1.0	PATIENT DAYS B	Y		
Total Patients	202	Other	11.9	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	202	Routine home ca		Administrators	1.0
TOTAL ADMISSIONS	195			Continuous care		Physicians	0.0
		ADMISSIONS BY PAY SOU		Inpatient care		Registered Nurses	5.4
TOTAL DISCHARGES	181	Medicare	77.4%	symptom mgmt		Lic. Prac. Nurses	0.0
		Medicaid	3.1	Respite care	1.5	Hospice Aides	1.8
REASON FOR DISCHARGE	3	Medicare/Medicaid	0.0	Total Patient 1	Days 7,866	Physical Therapists	0.0
Hospice care not	1 50	Managed Care/HMO	0.0			Occupational Therapists	0.0
appropriate	1.7%	PACE/Partnership	0.0	CASELOAD ON 12		Speech/Language	0 0
Transferred:		Private Insurance	17.9	BY LIVING ARRAI		Pathologists	0.0
care provided by	1 5	Self Pay	1.0	Private reside		Bereavement Counselors	0.4
another hospice	1.7	Other	0.5	Nursing home	15.4	Social Workers	1.8
Revocation of	F 0	Total Admissions	195	Hospice res. fa		Dietary	0.1
hospice benefit	5.0	DEADUG DV GIDE		Assisted living	_	Volunteer Coordinator	0.4
Other	0.0 91.7	DEATHS BY SITE OF OCCURRENCE		Residential		Chaplain	0.1
Deaths	181		CF 10.	apt. comple		Clerical/Office Support Other	
Total Discharges	181	Private residence Nursing home	65.1% 22.3	Adult family		Total FTEs	0.0 11.8
DISCHARGES BY		Hospice res. fac.	0.0	Community-bas		IOCAI FIES	11.0
LENGTH OF STAY		Assisted living:	0.0	Inpatient facil	-	* Full-time equivalents	•
1 - 7 days	32.6%	Residential care		Other site	0.0	ruii-cime equivalence	•
8 - 14 days	14.4	apt. complex	0.0	Caseload	26	Volunteers who served	
15 - 30 days	17.1	Adult family home	0.0	Casellad	20	patients of the	
31 - 60 days	18.8	Community-based	0.0			hospice in 2001:	65
61 - 90 days	5.0	res. facility	2.4			HOSPICC III ZUUI.	0.5
91 - 180 days	8.8	Inpatient facility	10.2			Total hours of	
181 days - 1 year	2.2	Other site	0.0			service provided	
1 year or more	1.1	Total Deaths	166			during 2001 by these	
Total Discharges	181	100a1 Deachib	-00			volunteers:	1,306
TOTAL DISCHALGES	TOT					vorunceers.	1,500

Lafayette County Ho 729 Clay Street, PO Darlington WI 5353	Box 118			C	icense Number: ounty: 608) 776-4895	538 Lafayette	Page 20
Ownership of Hospice: Governme Title 18 (Medicare) Certified? Yes Title 19 (Medicaid) Certified? Yes Licensed Hospice Residential Facility? No			ental Cour	U: A:	verage Daily Ce	ient Count for 2001:	1 21 1 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS C	F	REFERRAL SOURC	E OF	CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	T COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED P.	ATIENT COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	23.8%	Medicare	100.0%
20 to 54	9.5	(cancer)	71.4%	Hospital	28.6	Medicaid	0.0
55 to 64	9.5	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	33.3	disease	14.3	Patient's fami	ly 23.8	Managed Care/HMO	0.0
75 to 84	23.8	Pulmonary disease	9.5	Home health ag	-	PACE/Partnership	0.0
85 to 94	23.8	Renal failure/		Nursing home	19.0	Private Insurance	0.0
95 & over	0.0	kidney disease	4.8	Other	4.8	Self Pay	0.0
Total Patients	21	Diabetes	0.0	Total Patients		Other	0.0
		Alzheimer's disease	0.0			Caseload	1
Male	71.4%	AIDS	0.0			Japaraa	_
Female	28.6	ALS	0.0	PATIENT DAYS B	Y		
Total Patients	21	Other	0.0	LEVEL OF CARE	-	STAFFING	FTEs*
TOTAL TACTORES	21	Total Patients	21	Routine home c	are 96.1%	Administrators	0.1
TOTAL ADMISSIONS	20	TOTAL FACICIES	21	Continuous car		Physicians	0.0
TOTAL ADMIDDIOND	20	ADMISSIONS BY PAY SOU	IDCE	Inpatient care		Registered Nurses	0.8
TOTAL DISCHARGES	20	Medicare	60.0%	symptom mgmt		Lic. Prac. Nurses	0.0
TOTAL DISCHARGES	20	Medicare Medicaid	15.0	Respite care	1.7	Hospice Aides	0.0
DELGON BOD DIGGUADO	-			-		-	
REASON FOR DISCHARG	E	Medicare/Medicaid	10.0	Total Patient	Days 356	Physical Therapists	0.0
Hospice care not	F 00	Managed Care/HMO	0.0	G1 GTT O1D O1 10	/21 /01	Occupational Therapists	0.0
appropriate	5.0%	PACE/Partnership	0.0	CASELOAD ON 12		Speech/Language	0 0
Transferred:		Private Insurance	15.0	BY LIVING ARRA		Pathologists	0.0
care provided by		Self Pay	0.0	Private reside		Bereavement Counselors	0.1
another hospice	0.0	Other	0.0	Nursing home	0.0	Social Workers	0.0
Revocation of		Total Admissions	20	Hospice res. f		Dietary	0.0
hospice benefit	5.0			Assisted livin		Volunteer Coordinator	0.0
Other	0.0	DEATHS BY SITE		Residential		Chaplain	0.0
Deaths	90.0	OF OCCURRENCE		apt. compl		Clerical/Office Support	
Total Discharges	20	Private residence	61.1%	Adult family		Other	0.0
		Nursing home	33.3	Community-ba		Total FTEs	1.1
DISCHARGES BY		Hospice res. fac.	0.0	res. facil			
LENGTH OF STAY		Assisted living:		Inpatient faci	lity 0.0	* Full-time equivalents	\$
1 - 7 days	35.0%	Residential care		Other site	0.0		
8 - 14 days	15.0	apt. complex	0.0	Caseload	1	Volunteers who served	
15 - 30 days	30.0	Adult family home	0.0			patients of the	
31 - 60 days	20.0	Community-based				hospice in 2001:	8
61 - 90 days	0.0	res. facility	0.0			_	
91 - 180 days	0.0	Inpatient facility	5.6			Total hours of	
181 days - 1 year	0.0	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	18			during 2001 by these	
Total Discharges	20					volunteers:	273
5	-						-

Le Royer Hospice 112 East Fifth Aver Antigo WI 54409	nue				License County: (715) 6	Number: 23-2331	524 Langlade	Page 21
Ownership of Hospic			t Church,	/Corporation		•	l Caseload:	9
Title 18 (Medicare)					_		ient Count for 2001:	63
Title 19 (Medicaid)						Daily Cer		13
Licensed Hospice Re	esidentia	l Facility? No			Medicar	e Certifi	ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS C	F	REFERRAL SOU	JRCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN	T COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATE	PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician		66.7%		100.0%
20 to 54	1.6	(cancer)	65.1%	Hospital		15.9	Medicaid	0.0
55 to 64	12.7	Cardiovascular		Self-referra	al	1.6	Medicare/Medicaid	0.0
65 to 74	23.8	disease	17.5	Patient's fa	amily	15.9	Managed Care/HMO	0.0
75 to 84	31.7	Pulmonary disease	1.6	Home health	agency	0.0	PACE/Partnership	0.0
85 to 94	30.2	Renal failure/		Nursing home	9	0.0	Private Insurance	0.0
95 & over	0.0	kidney disease	3.2	Other		0.0	Self Pay	0.0
Total Patients	63	Diabetes	0.0	Total Patier	nts	63	Other	0.0
		Alzheimer's disease	1.6				Caseload	9
Male	61.9%	AIDS	0.0					
Female	38.1	ALS	1.6	PATIENT DAYS	BY			
Total Patients	63	Other	9.5	LEVEL OF CAR	RE		STAFFING	FTEs*
		Total Patients	63	Routine home	e care	96.5%	Administrators	0.5
TOTAL ADMISSIONS	59			Continuous o	care	0.0	Physicians	0.1
		ADMISSIONS BY PAY SOU	JRCE	Inpatient ca	are: acut	e	Registered Nurses	1.9
TOTAL DISCHARGES	59	Medicare	88.1%	symptom ma	gmt	2.6	Lic. Prac. Nurses	0.0
		Medicaid	3.4	Respite care	9	0.9	Hospice Aides	0.2
REASON FOR DISCHARG	3E	Medicare/Medicaid	1.7	Total Patier	nt Days	4,750	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0				Occupational Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	CASELOAD ON	12/31/01		Speech/Language	
Transferred:		Private Insurance	6.8	BY LIVING A	RRANGEMEN	TS	Pathologists	0.0
care provided by		Self Pay	0.0	Private res	idence	77.8%	Bereavement Counselors	0.5
another hospice	0.0	Other	0.0	Nursing home	9	0.0	Social Workers	0.2
Revocation of		Total Admissions	59	Hospice res	. fac.	0.0	Dietary	0.0
hospice benefit	0.0			Assisted liv	_		Volunteer Coordinator	0.0
Other	0.0	DEATHS BY SITE		Residentia	al care		Chaplain	0.3
Deaths	100.0	OF OCCURRENCE		apt. cor	_	0.0	Clerical/Office Support	0.0
Total Discharges	59	Private residence	76.3%	Adult fam:		0.0	Other	0.0
		Nursing home	1.7	Community-			Total FTEs	3.7
DISCHARGES BY		Hospice res. fac.	0.0	res. fac	-	22.2		
LENGTH OF STAY		Assisted living:		Inpatient fa	acility	0.0	* Full-time equivalents	
1 - 7 days	40.7%	Residential care		Other site		0.0		
8 - 14 days	18.6	apt. complex	0.0	Caseload		9	Volunteers who served	
15 - 30 days	15.3	Adult family home	0.0				patients of the	
31 - 60 days	6.8	Community-based					hospice in 2001:	21
61 - 90 days	10.2	res. facility	6.8					
91 - 180 days	3.4	Inpatient facility	15.3				Total hours of	
181 days - 1 year	3.4	Other site	0.0				service provided	
1 year or more	1.7	Total Deaths	59				during 2001 by these	
Total Discharges	59						volunteers:	3,200

Holy Family Memorial Hospice 333 Reed Avenue, PO Box 1450 Manitowoc WI 54221					License Number County: (920) 683-8437	Manitowoc	Page 22
Ownership of Hospic Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Re	Certifie Certifie	ed? Yes	Eit Church,	1	Average Daily	atient Count for 2001:	4 68 6 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS	OF	REFERRAL SOUR	CE OF	CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	T COUNT	UNDUPLICATED PATIEN	r count	UNDUPLICATED 1	PATIENT COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	50.0%		100.0%
20 to 54	1.5	(cancer)	58.8%	Hospital	23.5	Medicaid	0.0
55 to 64	11.8	Cardiovascular		Self-referral	1.5	Medicare/Medicaid	0.0
65 to 74	22.1	disease	8.8	Patient's fam:	ily 11.8	Managed Care/HMO	0.0
75 to 84	35.3	Pulmonary disease	10.3	Home health ag	gency 7.4	PACE/Partnership	0.0
85 to 94	29.4	Renal failure/		Nursing home	4.4	Private Insurance	0.0
95 & over	0.0	kidney disease	4.4	Other	1.5	Self Pay	0.0
Total Patients	68	Diabetes	0.0	Total Patients	s 68	Other	0.0
		Alzheimer's disease	1.5			Caseload	4
Male	55.9%	AIDS	0.0				
Female	44.1	ALS	0.0	PATIENT DAYS	BY		
Total Patients	68	Other	16.2	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	68	Routine home		Administrators	0.2
TOTAL ADMISSIONS	63			Continuous car		Physicians	0.0
		ADMISSIONS BY PAY SO	OURCE	Inpatient care		Registered Nurses	1.2
TOTAL DISCHARGES	64	Medicare	85.7%	symptom mgm		Lic. Prac. Nurses	0.0
	0.1	Medicaid	1.6	Respite care	0.0	Hospice Aides	0.3
REASON FOR DISCHARG	R	Medicare/Medicaid	0.0	Total Patient		Physical Therapists	0.0
Hospice care not	_	Managed Care/HMO	0.0	rocar racrene	24,5 2,020	Occupational Therapists	
appropriate	1.6%	PACE/Partnership	0.0	CASELOAD ON 1	2/31/01	Speech/Language	3 0.0
Transferred:	1.00	Private Insurance	12.7	BY LIVING ARR		Pathologists	0.0
care provided by		Self Pay	0.0	Private reside		_	0.1
another hospice	0.0	Other	0.0	Nursing home	25.0	Social Workers	0.1
Revocation of	0.0	Total Admissions	63	Hospice res.			0.2
	1.6	TOTAL AUMISSIONS	0.3	-		Dietary Volunteer Coordinator	0.6
hospice benefit Other	0.0	DEATHS BY SITE		Assisted living Residential	_	Chaplain	0.8
Deaths	96.9	OF OCCURRENCE				Clerical/Office Support	
	96.9 64	Private residence	CO 18	apt. compi		Other	0.8
Total Discharges	64		69.4%	Adult family	•		3.6
DIGGUINDADA DU		Nursing home	19.4	Community-ba		Total FTEs	3.0
DISCHARGES BY		Hospice res. fac.	0.0	res. faci	-	* 50.11 +4	
LENGTH OF STAY	20.00	Assisted living:		Inpatient fac:	=	* Full-time equivalents	3
1 - 7 days	32.8%	Residential care		Other site	0.0	2	
8 - 14 days		apt. complex	0.0	Caseload	4	Volunteers who served	
15 - 30 days	17.2	Adult family home	0.0			patients of the	
31 - 60 days	20.3	Community-based	4			hospice in 2001:	12
61 - 90 days	4.7	res. facility	11.3				
91 - 180 days	7.8	Inpatient facility	0.0			Total hours of	
181 days - 1 year	0.0	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	62			during 2001 by these	
Total Discharges	64					volunteers:	362

Manitowoc County Con 1004 Washington Stro Manitowoc WI 54220	_	Hospice			License Number County: (920) 684-7155	Manitowoc	Page 23
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Re	Certific Certific	ed? Yes	ary Corpo		Average Daily	Patient Count for 2001:	5 20 2 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS O	F	REFERRAL SOUR	CE OF	CASELOAD ON 12/31/01	
UNDUPLICATED PATIENS	T COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED	PATIENT COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	5.0%	Medicare	100.0%
20 to 54	0.0	(cancer)	60.0%	Hospital	0.0	Medicaid	0.0
55 to 64	5.0	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	10.0	disease	10.0	Patient's fam	ily 65.0	Managed Care/HMO	0.0
75 to 84	40.0	Pulmonary disease	5.0	Home health a	gency 0.0	PACE/Partnership	0.0
85 to 94	40.0	Renal failure/		Nursing home	5.0	Private Insurance	0.0
95 & over	5.0	kidney disease	0.0	Other	25.0	Self Pay	0.0
Total Patients	20	Diabetes	0.0	Total Patient	s 20	Other	0.0
		Alzheimer's disease	15.0			Caseload	5
Male	35.0%	AIDS	0.0				
Female	65.0	ALS	0.0	PATIENT DAYS			
Total Patients	20	Other	10.0	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	20	Routine home			0.1
TOTAL ADMISSIONS	20			Continuous ca		Physicians	0.0
		ADMISSIONS BY PAY SOU		Inpatient car		Registered Nurses	0.3
TOTAL DISCHARGES	15	Medicare	95.0%	symptom mgm		Lic. Prac. Nurses	0.0
		Medicaid	0.0	Respite care	0.0	Hospice Aides	0.7
REASON FOR DISCHARGE	E	Medicare/Medicaid	0.0	Total Patient	Days 780	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0			Occupational Therapist	s 0.0
appropriate	6.7%	PACE/Partnership	0.0	CASELOAD ON 1		Speech/Language	
Transferred:		Private Insurance	5.0	BY LIVING ARR		Pathologists	0.0
care provided by		Self Pay	0.0	Private resid			0.0
another hospice	0.0	Other	0.0	Nursing home	20.0	Social Workers	0.1
Revocation of		Total Admissions	20	Hospice res.		Dietary	0.0
hospice benefit	13.3			Assisted livi	_	Volunteer Coordinator	0.0
Other	0.0	DEATHS BY SITE		Residential		Chaplain	0.1
Deaths	80.0	OF OCCURRENCE		apt. comp		Clerical/Office Suppor	
Total Discharges	15	Private residence	66.7%	Adult famil	-	Other	0.0
		Nursing home	0.0	Community-b		Total FTEs	1.4
DISCHARGES BY		Hospice res. fac.	0.0	res. faci	4		
LENGTH OF STAY	F0 00	Assisted living:		Inpatient fac	-	* Full-time equivalents	S
1 - 7 days	53.3%	Residential care	0 0	Other site	0.0		
8 - 14 days	0.0	apt. complex	0.0	Caseload	5	Volunteers who served	
15 - 30 days	26.7	Adult family home	0.0			patients of the	_
31 - 60 days	0.0	Community-based	22.2			hospice in 2001:	6
61 - 90 days	20.0	res. facility	33.3			m + 1 1	
91 - 180 days	0.0	Inpatient facility	0.0			Total hours of	
181 days - 1 year	0.0	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	12			during 2001 by these	0.50
Total Discharges	15					volunteers:	260

Comfort Care & Hosp 333 Pine Ridge Boul Wausau WI 54401		ices		Count	se Number: y: 847-2704	1514 Marathon	Page 24
Ownership of Hospic			it Corpora			1 Caseload:	72
Title 18 (Medicare)				-		ient Count for 2001:	524
Title 19 (Medicaid)					ge Daily Ce		66
Licensed Hospice Re	sidentia	l Facility? Yes		Medic	are Certifi	ed Inpatient Facility?	Yes
AGE AND SEX OF		PRINCIPAL DIAGNOSIS O	F	REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN	T COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIE	NT COUNT	BY PAY SOURCE	
Under 20	0.4%	Malignant neoplasm		Physician	65.1%	Medicare	70.8%
20 to 54	4.8	(cancer)	45.8%	Hospital	3.4	Medicaid	1.4
55 to 64	5.5	Cardiovascular		Self-referral	1.3	Medicare/Medicaid	8.3
65 to 74	22.3	disease	17.4	Patient's family	22.9	Managed Care/HMO	0.0
75 to 84	33.8	Pulmonary disease	11.3	Home health agency	0.8	PACE/Partnership	0.0
85 to 94	27.5	Renal failure/		Nursing home	3.2	Private Insurance	6.9
95 & over	5.7	kidney disease	3.6	Other	3.2	Self Pay	12.5
Total Patients	524	Diabetes	0.4	Total Patients	524	Other	0.0
		Alzheimer's disease	5.5			Caseload	72
Male	43.3%	AIDS	0.2				
Female	56.7	ALS	1.1	PATIENT DAYS BY			
Total Patients	524	Other	14.7	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	524	Routine home care	94.3%	Administrators	1.0
TOTAL ADMISSIONS	467			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	JRCE	Inpatient care: ac	ute	Registered Nurses	15.7
TOTAL DISCHARGES	457	Medicare	73.9%	symptom mgmt	5.6	Lic. Prac. Nurses	3.4
		Medicaid	1.5	Respite care	0.1	Hospice Aides	10.2
REASON FOR DISCHARG	E	Medicare/Medicaid	19.3	Total Patient Days	23,908	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0			Occupational Therapists	0.0
appropriate	3.7%	PACE/Partnership	0.0	CASELOAD ON 12/31/	01	Speech/Language	
Transferred:		Private Insurance	4.7	BY LIVING ARRANGEM	ENTS	Pathologists	0.0
care provided by		Self Pay	0.6	Private residence	48.6%	Bereavement Counselors	0.8
another hospice	0.2	Other	0.0	Nursing home	22.2	Social Workers	3.0
Revocation of		Total Admissions	467	Hospice res. fac.	8.3	Dietary	0.0
hospice benefit	2.2			Assisted living:		Volunteer Coordinator	0.8
Other	0.0	DEATHS BY SITE		Residential care		Chaplain	0.8
Deaths	93.9	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	3.8
Total Discharges	457	Private residence	28.7%	Adult family hom	e 0.0	Other	3.5
		Nursing home	17.5	Community-based		Total FTEs	42.9
DISCHARGES BY		Hospice res. fac.	5.4	res. facility	13.9		
LENGTH OF STAY		Assisted living:		Inpatient facility	6.9	* Full-time equivalents	
1 - 7 days	38.7%	Residential care		Other site	0.0		
8 - 14 days	14.2	apt. complex	0.0	Caseload	72	Volunteers who served	
15 - 30 days	14.2	Adult family home	0.0			patients of the	
31 - 60 days	13.1	Community-based				hospice in 2001:	230
61 - 90 days	6.1	res. facility	9.1				
91 - 180 days	7.0	Inpatient facility	39.4			Total hours of	
181 days - 1 year	3.5	Other site	0.0			service provided	
1 year or more	3.1	Total Deaths	429			during 2001 by these	
Total Diagharana	457					rroluntoong:	15 026

volunteers: 15,836

Total Discharges

Horizon Home Care & 8949 North Deerbroo Brown Deer WI 5322	k Trail	, Inc.		Count	se Number: y: 365-8300	525 Milwaukee	Page 25
Ownership of Hospic Title 18 (Medicare) Title 19 (Medicaid)	Certifi	ed? Yes	Nonprofit	Undup	ber 31, 200 licated Pat ge Daily Ce	ient Count for 2001:	54 640 67
Licensed Hospice Re	sidentia	l Facility? No		Medic	are Certifi	ed Inpatient Facility?	No
			_				
AGE AND SEX OF		PRINCIPAL DIAGNOSIS C	-	REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN		UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIE		BY PAY SOURCE	01 50
Under 20	0.8%	Malignant neoplasm	66.49	Physician	22.5%	Medicare	81.5%
20 to 54	12.2	(cancer)	66.4%	Hospital	53.9	Medicaid	9.3
55 to 64	11.4	Cardiovascular		Self-referral	0.5	Medicare/Medicaid	0.0
65 to 74	20.2	disease	13.6	Patient's family	3.3	Managed Care/HMO	0.0
75 to 84	28.6	Pulmonary disease	5.9	Home health agency		PACE/Partnership	0.0
85 to 94	23.9	Renal failure/		Nursing home	7.3	Private Insurance	9.3
95 & over	3.0	kidney disease	2.7	Other	3.6	Self Pay	0.0
Total Patients	640	Diabetes	5.3	Total Patients	640	Other	0.0
		Alzheimer's disease	5.6			Caseload	54
Male	44.5%	AIDS	0.3				
Female	55.5	ALS	0.2	PATIENT DAYS BY			
Total Patients	640	Other	0.0	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	640	Routine home care	92.6%	Administrators	2.0
TOTAL ADMISSIONS	586			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	JRCE	Inpatient care: ac	ute	Registered Nurses	11.5
TOTAL DISCHARGES	605	Medicare	80.2%	symptom mgmt	6.8	Lic. Prac. Nurses	1.8
		Medicaid	2.9	Respite care	0.6	Hospice Aides	3.0
REASON FOR DISCHARG	E	Medicare/Medicaid	0.0	Total Patient Days	24,602	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	-	,	Occupational Therapists	0.0
appropriate	7.9%	PACE/Partnership	0.0	CASELOAD ON 12/31/	01	Speech/Language	
Transferred:		Private Insurance	16.6	BY LIVING ARRANGEM		Pathologists	0.0
care provided by		Self Pay	0.3	Private residence	90.7%	Bereavement Counselors	0.5
another hospice	4.0	Other	0.0	Nursing home	3.7	Social Workers	3.2
Revocation of		Total Admissions	586	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	4.3	10cai namibbionb	300	Assisted living:	0.0	Volunteer Coordinator	0.5
Other	0.0	DEATHS BY SITE		Residential care		Chaplain	1.7
Deaths	83.8	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	
Total Discharges	605	Private residence	67.7%	Adult family hom		Other	0.0
iotai Discharges	005	Nursing home	9.1	Community-based	e 0.0	Total FTEs	26.7
DISCHARGES BY		Hospice res. fac.	0.0	res. facility	1.9	IOCAI FIES	20.7
LENGTH OF STAY		Assisted living:	0.0	Inpatient facility		* Full-time equivalents	,
1 - 7 days	30.4%	Residential care		Other site	0.0	ruii-cime equivalence	•
			0 0			Traling to any other governed	
8 - 14 days	18.3	apt. complex	0.0	Caseload	54	Volunteers who served	
15 - 30 days	18.7	Adult family home	0.0			patients of the	1.0
31 - 60 days	14.9	Community-based	0 6			hospice in 2001:	10
61 - 90 days	6.9	res. facility	0.6				
91 - 180 days	5.5	Inpatient facility	22.7			Total hours of	
181 days - 1 year	5.0	Other site	0.0			service provided	
1 year or more	0.3	Total Deaths	507			during 2001 by these	
Total Diagharage	605					woluntoora:	1 601

volunteers: 1,681

Total Discharges

Hospice Preferred Cl 4861 South 27th Stre Greenfield WI 5322	eet				License County: (414) 28		549 Milwaukee	Page 26
Ownership of Hospice: Proprietar Title 18 (Medicare) Certified? Yes Title 19 (Medicaid) Certified? Yes Licensed Hospice Residential Facility? No			ary Corpo	Average Daily Cer		ient Count for 2001:	62 326 49 No	
AGE AND SEX OF		PRINCIPAL DIAGNOSIS O	F	REFERRAL SOU	RCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT		UNDUPLICATED PATIENT	COUNT	UNDUPLICATED	PATIENT		BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician		4.9%	Medicare	24.2%
20 to 54	3.7	(cancer)	22.1%	Hospital		2.8	Medicaid	6.5
55 to 64	4.6	Cardiovascular		Self-referra		0.0	Medicare/Medicaid	69.4
65 to 74	13.8	disease	10.7	Patient's fa	-	7.4	Managed Care/HMO	0.0
75 to 84	31.9	Pulmonary disease	4.0	Home health		0.0	PACE/Partnership	0.0
85 to 94	35.0	Renal failure/		Nursing home		77.9	Private Insurance	0.0
95 & over	11.0	kidney disease	4.0	Other		7.1	Self Pay	0.0
Total Patients	326	Diabetes	0.3	Total Patien	ts	326	Other	0.0
		Alzheimer's disease	20.9				Caseload	62
Male	33.4%	AIDS	0.6					
Female	66.6	ALS	0.3	PATIENT DAYS				
Total Patients	326	Other	37.1	LEVEL OF CAR			STAFFING	FTEs*
		Total Patients	326	Routine home		99.9%	Administrators	1.0
TOTAL ADMISSIONS	308			Continuous c		0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	_	Inpatient ca			Registered Nurses	7.5
TOTAL DISCHARGES	285	Medicare	44.8%	symptom mg		0.0	Lic. Prac. Nurses	0.0
		Medicaid	6.2	Respite care		0.1	Hospice Aides	5.2
REASON FOR DISCHARGE	E	Medicare/Medicaid	47.4	Total Patien	t Days 1	7,811	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.6				Occupational Therapists	0.0
appropriate	9.8%	PACE/Partnership	0.0	CASELOAD ON			Speech/Language	
Transferred:		Private Insurance	0.3	BY LIVING AR			Pathologists	0.0
care provided by		Self Pay	0.6	Private resi		14.5%	Bereavement Counselors	0.5
another hospice	0.4	Other	0.0	Nursing home		69.4	Social Workers	1.5
Revocation of		Total Admissions	308	Hospice res.		0.0	Dietary	0.1
hospice benefit	13.3			Assisted liv	_		Volunteer Coordinator	0.0
Other	0.0	DEATHS BY SITE		Residentia			Chaplain	1.0
Deaths	76.5	OF OCCURRENCE		apt. com	-	0.0	Clerical/Office Support	
Total Discharges	285	Private residence	9.6%	Adult fami	-	0.0	Other	1.0
		Nursing home	83.0	Community-			Total FTEs	19.8
DISCHARGES BY		Hospice res. fac.	0.0	res. fac	-	16.1		
LENGTH OF STAY		Assisted living:		Inpatient fa	cility.	0.0	* Full-time equivalents	\$
1 - 7 days	27.4%	Residential care		Other site		0.0		
8 - 14 days	13.3	apt. complex		Caseload		62	Volunteers who served	
15 - 30 days	17.9	Adult family home	0.0				patients of the	
31 - 60 days	13.0	Community-based					hospice in 2001:	22
61 - 90 days	8.1	res. facility	7.3					
91 - 180 days	13.0	Inpatient facility	0.0				Total hours of	
181 days - 1 year	7.0	Other site	0.0				service provided	
1 year or more	0.4	Total Deaths	218				during 2001 by these	
Total Discharges	285						volunteers:	1,507

Covenant Hospice/Pa. 9688 West Appleton . Milwaukee WI 53225	Care	Coun	ense Number: nty: 1) 535-7070	556 Milwaukee	Page 27		
Ownership of Hospic	e:	Nonprofi	t Corpora	ation Dece	ember 31, 200	1 Caseload:	46
Title 18 (Medicare)				Undu	plicated Pat	ient Count for 2001:	529
Title 19 (Medicaid)	Certifi	ed? Yes		Aver	rage Daily Cer	nsus:	57
Licensed Hospice Re	sidentia	l Facility? No		Medi	care Certifie	ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS C	F	REFERRAL SOURCE C	F	CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN	T COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATI	ENT COUNT	BY PAY SOURCE	
Under 20	1.1%	Malignant neoplasm		Physician	42.2%	Medicare	84.8%
20 to 54	9.5	(cancer)	65.8%	Hospital	36.9	Medicaid	8.7
55 to 64	13.4	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	19.5	disease	12.5	Patient's family	0.9	Managed Care/HMO	6.5
75 to 84	30.6	Pulmonary disease	5.1	Home health agenc	y 9.6	PACE/Partnership	0.0
85 to 94	21.9	Renal failure/		Nursing home	9.8	Private Insurance	0.0
95 & over	4.0	kidney disease	2.3	Other	0.6	Self Pay	0.0
Total Patients	529	Diabetes	0.0	Total Patients	529	Other	0.0
		Alzheimer's disease	1.9			Caseload	46
Male	46.9%	AIDS	0.6				
Female	53.1	ALS	0.2	PATIENT DAYS BY			
Total Patients	529	Other	11.7	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	529	Routine home care	98.8%	Administrators	1.0
TOTAL ADMISSIONS	491			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	RCE	Inpatient care: a	cute	Registered Nurses	9.0
TOTAL DISCHARGES	500	Medicare	72.5%	symptom mgmt	0.9	Lic. Prac. Nurses	0.0
		Medicaid	4.9	Respite care	0.3	Hospice Aides	2.6
REASON FOR DISCHARG	E	Medicare/Medicaid	0.0	Total Patient Day		Physical Therapists	0.0
Hospice care not		Managed Care/HMO	11.2		. ,	Occupational Therapists	
appropriate	8.2%	PACE/Partnership	0.0	CASELOAD ON 12/31	/01	Speech/Language	
Transferred:		Private Insurance	11.2	BY LIVING ARRANGE		Pathologists	0.0
care provided by		Self Pay	0.2	Private residence	93.5%	Bereavement Counselors	0.4
another hospice	2.6	Other	0.0	Nursing home	6.5	Social Workers	3.5
Revocation of		Total Admissions	491	Hospice res. fac.		Dietary	0.0
hospice benefit	5.6			Assisted living:		Volunteer Coordinator	0.6
Other	4.8	DEATHS BY SITE		Residential car	re	Chaplain	1.8
Deaths	78.8	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	
Total Discharges	500	Private residence	85.3%	Adult family ho		Other	0.0
		Nursing home	7.1	Community-based		Total FTEs	18.9
DISCHARGES BY		Hospice res. fac.	0.0	res. facility			
LENGTH OF STAY		Assisted living:		Inpatient facilit		* Full-time equivalents	\$
1 - 7 days	30.2%	Residential care		Other site	0.0		
8 - 14 days	14.6	apt. complex	0.0	Caseload	46	Volunteers who served	
15 - 30 days	19.4	Adult family home	0.0			patients of the	
31 - 60 days	14.0	Community-based	- • •			hospice in 2001:	29
61 - 90 days	10.0	res. facility	0.8			1100F100 111 2001	
91 - 180 days	8.4	Inpatient facility	6.9			Total hours of	
181 days - 1 year	3.0	Other site	0.0			service provided	
1 year or more	0.4	Total Deaths	394			during 2001 by these	
Total Discharges	500					volunteers:	938
10041 21301141903	500					VOI MITCOLD.	750

Heartland Home Health Care & Hospice 1845 North Farwell Avenue, Suite 301 Milwaukee WI 53202					License County: (414) 27		2003 Milwaukee	Page 28
Ownership of Hospice: Propri Title 18 (Medicare) Certified? Yes Title 19 (Medicaid) Certified? Yes Licensed Hospice Residential Facility? No			etary Corporation		December 31, 2001 Caseload: Unduplicated Patient Count for 2001: Average Daily Census: Medicare Certified Inpatient Facilit		ient Count for 2001: nsus:	22 103 14 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS	OF	REFERRAL SOU	RCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT		UNDUPLICATED PATIENT	COUNT	UNDUPLICATED	PATIENT		BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician		32.0%	Medicare	90.9%
20 to 54	4.9	(cancer)	41.7%	Hospital		3.9	Medicaid	9.1
55 to 64	4.9	Cardiovascular		Self-referral	1	0.0	Medicare/Medicaid	0.0
65 to 74	17.5	disease	18.4	Patient's far	mily	4.9	Managed Care/HMO	0.0
75 to 84	27.2	Pulmonary disease	12.6	Home health a	agency	13.6	PACE/Partnership	0.0
85 to 94	38.8	Renal failure/		Nursing home		39.8	Private Insurance	0.0
95 & over	6.8	kidney disease	1.0	Other		5.8	Self Pay	0.0
Total Patients	103	Diabetes	2.9	Total Patient	ts	103	Other	0.0
		Alzheimer's disease	11.7				Caseload	22
Male	38.8%	AIDS	0.0					
Female	61.2	ALS	0.0	PATIENT DAYS	BY			
Total Patients	103	Other	11.7	LEVEL OF CAR	E		STAFFING	FTEs*
		Total Patients	103	Routine home	care	56.6%	Administrators	2.3
TOTAL ADMISSIONS	101			Continuous ca	are	42.9	Physicians	0.1
		ADMISSIONS BY PAY SO	URCE	Inpatient car	re: acute	2	Registered Nurses	5.8
TOTAL DISCHARGES	83	Medicare	90.1%	symptom mgr	mt	0.5	Lic. Prac. Nurses	0.1
		Medicaid	3.0	Respite care		0.1	Hospice Aides	5.3
REASON FOR DISCHARG	E	Medicare/Medicaid	0.0	Total Patient	t Days	5,196	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0				Occupational Therapists	0.0
appropriate	3.6%	PACE/Partnership	0.0	CASELOAD ON 3	12/31/01		Speech/Language	
Transferred:		Private Insurance	6.9	BY LIVING ARE	RANGEMENT	rs	Pathologists	0.0
care provided by		Self Pay	0.0	Private resid	dence	59.1%	Bereavement Counselors	0.5
another hospice	2.4	Other	0.0	Nursing home		27.3	Social Workers	1.5
Revocation of		Total Admissions	101	Hospice res.	fac.	0.0	Dietary	0.5
hospice benefit	4.8			Assisted liv			Volunteer Coordinator	0.8
Other	0.0	DEATHS BY SITE		Residential	l care		Chaplain	0.8
Deaths	89.2	OF OCCURRENCE		apt. com	olex	0.0	Clerical/Office Support	3.6
Total Discharges	83	Private residence	35.1%	Adult famil	ly home	0.0	Other	0.0
_		Nursing home	60.8	Community-1	based		Total FTEs	21.1
DISCHARGES BY		Hospice res. fac.	0.0	res. fac:	ility	13.6		
LENGTH OF STAY		Assisted living:		Inpatient fac	cility	0.0	* Full-time equivalents	
1 - 7 days	28.9%	Residential care		Other site	-	0.0	-	
8 - 14 days		apt. complex	0.0	Caseload		22	Volunteers who served	
15 - 30 days	24.1	Adult family home	0.0				patients of the	
31 - 60 days	8.4	Community-based					hospice in 2001:	10
61 - 90 days	4.8	res. facility	4.1					
91 - 180 days	7.2	Inpatient facility	0.0				Total hours of	
181 days - 1 year	6.0	Other site	0.0				service provided	
1 year or more	0.0	Total Deaths	74				during 2001 by these	
Total Discharges	83						volunteers:	227
	33						, 0101100010	-4,

Heartland Home Health 1845 North Farwell Av Milwaukee WI 53202		<del>-</del>			License County: (414) 27		2005 Milwaukee	Page 29
Ownership of Hospice: Title 18 (Medicare) ( Title 19 (Medicaid) ( Licensed Hospice Resi	Certifie Certifie	d? Yes	etary Corpo	Ţ Z	Unduplic Average	ated Pati Daily Cer	l Caseload: ient Count for 2001: nsus: ed Inpatient Facility?	1 14 3 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS	5 OF	REFERRAL SOURCE	CE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT		UNDUPLICATED PATIEN	T COUNT	UNDUPLICATED E	PATIENT		BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician		7.1%	Medicare	100.0%
20 to 54	0.0	(cancer)	14.3%	Hospital		7.1	Medicaid	0.0
55 to 64	7.1	Cardiovascular		Self-referral		0.0	Medicare/Medicaid	0.0
65 to 74	21.4	disease	7.1	Patient's fami	-	14.3	Managed Care/HMO	0.0
75 to 84	14.3	Pulmonary disease	21.4	Home health ag	gency	21.4	PACE/Partnership	0.0
85 to 94	50.0	Renal failure/		Nursing home		28.6	Private Insurance	0.0
95 & over	7.1	kidney disease	21.4	Other		21.4	Self Pay	0.0
Total Patients	14	Diabetes	0.0	Total Patients	3	14	Other	0.0
		Alzheimer's disease	21.4				Caseload	1
Male	42.9%	AIDS	0.0					
Female	57.1	ALS	0.0	PATIENT DAYS E	BY			
Total Patients	14	Other	14.3	LEVEL OF CARE			STAFFING	FTEs*
		Total Patients	14	Routine home of	care	98.9%	Administrators	1.0
TOTAL ADMISSIONS	13			Continuous car	re	0.0	Physicians	0.0
		ADMISSIONS BY PAY S	OURCE	Inpatient care	e: acute	:	Registered Nurses	2.0
TOTAL DISCHARGES	13	Medicare	100.0%	symptom mgmt	t	1.1	Lic. Prac. Nurses	0.0
		Medicaid	0.0	Respite care		0.0	Hospice Aides	1.2
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Total Patient	Davs	959	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0		2		Occupational Therapists	
appropriate	38.5%	PACE/Partnership	0.0	CASELOAD ON 12	2/31/01		Speech/Language	
Transferred:	30.30	Private Insurance	0.0	BY LIVING ARRA		S	Pathologists	0.0
care provided by		Self Pay	0.0	Private reside		0.0%	Bereavement Counselors	0.3
another hospice	0.0	Other	0.0	Nursing home		100.0	Social Workers	0.5
Revocation of	0.0	Total Admissions	13	Hospice res. f		0.0	Dietary	0.1
hospice benefit	15.4	TOTAL AUMISSIONS	13	Assisted livir		0.0	Volunteer Coordinator	0.5
Other	0.0	DEATHS BY SITE		Residential	_		Chaplain	0.3
Deaths	46.2	OF OCCURRENCE		apt. compl		0.0	Clerical/Office Support	
Total Discharges	13	Private residence	16.7%	Adult family		0.0	Other	0.0
Total Discharges	13	Nursing home	83.3	Community-ba		0.0	Total FTEs	7.8
DIGGUADGEC BY		_	0.0	res. facil		0.0	IOCAI FIES	7.0
DISCHARGES BY LENGTH OF STAY		Hospice res. fac. Assisted living:	0.0		-	0.0	* Enll time equippedents	
	00 10	Residential care		Inpatient faci	LIILY	0.0	* Full-time equivalents	5
1 - 7 days	23.1%		0 0				17-1	
8 - 14 days	7.7		0.0	Caseload		1	Volunteers who served	
15 - 30 days	15.4	Adult family home	0.0				patients of the	4
31 - 60 days	15.4	Community-based	2 2				hospice in 2001:	4
61 - 90 days	7.7	res. facility	0.0				m . 1 1	
91 - 180 days	30.8	Inpatient facility	0.0				Total hours of	
181 days - 1 year	0.0	Other site	0.0				service provided	
1 year or more	0.0	Total Deaths	6				during 2001 by these	
Total Discharges	13						volunteers:	15

Ruth Hospice 8526 West Mill Road Milwaukee WI 53225				Cou	ense Number: unty: .4) 607-4710	2002 Milwaukee	Page 30
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Res	Certifie Certifie	ed? Yes	t Corpora	Und Ave	rage Daily Cer	ient Count for 2001:	16 191 13 Yes
AGE AND SEX OF		PRINCIPAL DIAGNOSIS (	F	REFERRAL SOURCE	OF	CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT		UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PAT		BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	1.6%	Medicare	100.0%
20 to 54	0.0	(cancer)	61.3%	Hospital	58.1	Medicaid	0.0
55 to 64	5.2	Cardiovascular		Self-referral	1.6	Medicare/Medicaid	0.0
65 to 74	24.6	disease	5.8	Patient's family		Managed Care/HMO	0.0
75 to 84	42.4	Pulmonary disease	7.3	Home health agen	-	PACE/Partnership	0.0
85 to 94	25.1	Renal failure/		Nursing home	4.7	Private Insurance	0.0
95 & over	2.6	kidney disease	4.2	Other	2.6	Self Pay	0.0
Total Patients	191	Diabetes	0.0	Total Patients	191	Other	0.0
		Alzheimer's disease	3.7			Caseload	16
Male	32.5%	AIDS	0.0				
Female	67.5	ALS	0.5	PATIENT DAYS BY			
Total Patients	191	Other	17.3	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	191	Routine home car	e 92.3%	Administrators	1.0
TOTAL ADMISSIONS	179			Continuous care	0.0	Physicians	0.1
		ADMISSIONS BY PAY SOU	JRCE	Inpatient care:	acute	Registered Nurses	7.2
TOTAL DISCHARGES	176	Medicare	95.5%	symptom mgmt	7.3	Lic. Prac. Nurses	0.6
		Medicaid	0.0	Respite care	0.4	Hospice Aides	5.6
REASON FOR DISCHARGE	<u> </u>	Medicare/Medicaid	0.0	Total Patient Da	ys 4,808	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	2.2			Occupational Therapists	s 0.0
appropriate	0.6%	PACE/Partnership	0.0	CASELOAD ON 12/3	31/01	Speech/Language	
Transferred:		Private Insurance	1.7	BY LIVING ARRANG	EMENTS	Pathologists	0.0
care provided by		Self Pay	0.6	Private residenc	e 0.0%	Bereavement Counselors	0.3
another hospice	1.1	Other	0.0	Nursing home	0.0	Social Workers	0.8
Revocation of		Total Admissions	179	Hospice res. fac	100.0	Dietary	1.4
hospice benefit	1.1			Assisted living:		Volunteer Coordinator	0.3
Other	2.3	DEATHS BY SITE		Residential ca	ire	Chaplain	0.8
Deaths	94.9	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	0.4
Total Discharges	176	Private residence	0.0%	Adult family h	iome 0.0	Other	0.0
		Nursing home	0.0	Community-base	ed	Total FTEs	18.3
DISCHARGES BY		Hospice res. fac.	65.9	res. facilit	y 0.0		
LENGTH OF STAY		Assisted living:		Inpatient facili	ty 0.0	* Full-time equivalents	3
1 - 7 days	44.3%	Residential care		Other site	0.0		
8 - 14 days	22.7	apt. complex	0.0	Caseload	16	Volunteers who served	
15 - 30 days	18.2	Adult family home	0.0			patients of the	
31 - 60 days	6.3	Community-based				hospice in 2001:	17
61 - 90 days	4.0	res. facility	0.0			-	
91 - 180 days	3.4	Inpatient facility	34.1			Total hours of	
181 days - 1 year	0.0	Other site	0.0			service provided	
1 year or more	1.1	Total Deaths	167			during 2001 by these	
Total Discharges	176					volunteers:	2,182
-							

St. Mary's Hospice PO Box 503, 2350 No. Milwaukee WI 53211	rth Lake	Drive		County	e Number: : :291-1240	521 Milwaukee	Page 31
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Res	Certific Certific	ed? No No	Nonprofit	Undupl Averaç	icated Pat e Daily Ce	1 Caseload: ient Count for 2001: nsus: ed Inpatient Facility?	5 395 8 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS	-	REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT		UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIEN		BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	48.4%	Medicare	0.0%
20 to 54	12.2	(cancer)	60.0%	Hospital	0.0	Medicaid	0.0
55 to 64	7.8	Cardiovascular		Self-referral	33.2	Medicare/Medicaid	0.0
65 to 74	20.0	disease	14.7	Patient's family	0.0	Managed Care/HMO	100.0
75 to 84	36.7	Pulmonary disease	2.5	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	20.0	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	3.3	kidney disease	0.5	Other	18.5	Self Pay	0.0
Total Patients	395	Diabetes	0.0	Total Patients	395	Other	0.0
		Alzheimer's disease	0.0			Caseload	5
Male	44.8%	AIDS	0.5				
Female	55.2	ALS	0.0	PATIENT DAYS BY			
Total Patients	395	Other	21.8	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	395	Routine home care	0.0%	Administrators	1.0
TOTAL ADMISSIONS	397			Continuous care	0.0	Physicians	1.0
		ADMISSIONS BY PAY SO	URCE	Inpatient care: acu	.te	Registered Nurses	12.2
TOTAL DISCHARGES	395	Medicare	22.7%	symptom mgmt	100.0	Lic. Prac. Nurses	0.0
		Medicaid	2.0	Respite care	0.0	Hospice Aides	1.9
REASON FOR DISCHARGE	E	Medicare/Medicaid	0.0	Total Patient Days	2,739	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	74.8	-	•	Occupational Therapists	s 0.0
appropriate	1.0%	PACE/Partnership	0.0	CASELOAD ON 12/31/0	1	Speech/Language	
Transferred:		Private Insurance	0.0	BY LIVING ARRANGEME	NTS	Pathologists	0.0
care provided by		Self Pay	0.0	Private residence	0.0%	Bereavement Counselors	0.2
another hospice	16.7	Other	0.5	Nursing home	0.0	Social Workers	0.3
Revocation of		Total Admissions	397	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	0.0			Assisted living:		Volunteer Coordinator	0.0
Other	12.7	DEATHS BY SITE		Residential care		Chaplain	0.5
Deaths	69.6	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	1.0
Total Discharges	395	Private residence	0.0%	Adult family home		Other	0.0
		Nursing home	0.0	Community-based		Total FTEs	18.1
DISCHARGES BY		Hospice res. fac.	0.0	res. facility	0.0		
LENGTH OF STAY		Assisted living:		Inpatient facility	100.0	* Full-time equivalents	3
1 - 7 days	69.9%	Residential care		Other site	0.0		_
8 - 14 days		apt. complex	0.0		5	Volunteers who served	
15 - 30 days	10.6	Adult family home	0.0		<u> </u>	patients of the	
31 - 60 days	2.0	Community-based	J. U			hospice in 2001:	20
61 - 90 days	0.0	res. facility	0.0			11055100 111 2001.	20
91 - 180 days	0.0	Inpatient facility	100.0			Total hours of	
181 days - 1 year	0.0	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	275			during 2001 by these	
=	395	TOCAL DEACHS	∠/3			volunteers:	1 626
Total Discharges	373					volunceels.	1,636

VNA of Wisconsin Ho 11333 West National Milwaukee WI 53227	-			Count	se Number: y: 327-2295	1528 Milwaukee	Page 32
Ownership of Hospic	e:	Nonprof	it Corpora		ber 31, 200	1 Caseload:	102
Title 18 (Medicare)	Certifi	ed? Yes		Undup	licated Pat	ient Count for 2001:	972
Title 19 (Medicaid)	Certifi	ed? Yes		Avera	ge Daily Ce	nsus:	83
Licensed Hospice Re	sidentia	l Facility? Yes		Medic	are Certifi	ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS	OF	REFERRAL SOURCE OF	•	CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	T COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIE	NT COUNT	BY PAY SOURCE	
Under 20	2.3%	Malignant neoplasm		Physician	30.8%	Medicare	79.4%
20 to 54	8.2	(cancer)	75.0%	Hospital	30.2	Medicaid	4.9
55 to 64	11.1	Cardiovascular		Self-referral	10.5	Medicare/Medicaid	0.0
65 to 74	23.7	disease	9.3	Patient's family	0.0	Managed Care/HMO	1.0
75 to 84	31.5	Pulmonary disease	6.0	Home health agency	22.1	PACE/Partnership	0.0
85 to 94	21.3	Renal failure/		Nursing home	4.9	Private Insurance	13.7
95 & over	2.0	kidney disease	0.2	Other	1.4	Self Pay	1.0
Total Patients	972	Diabetes	0.0	Total Patients	972	Other	0.0
		Alzheimer's disease	2.5			Caseload	102
Male	46.7%	AIDS	0.4				
Female	53.3	ALS	0.6	PATIENT DAYS BY			
Total Patients	972	Other	6.1	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	972	Routine home care	98.5%	Administrators	4.0
TOTAL ADMISSIONS	910			Continuous care	0.0	Physicians	0.2
		ADMISSIONS BY PAY SO	JRCE	Inpatient care: ac	ute	Registered Nurses	11.3
TOTAL DISCHARGES	881	Medicare	80.0%	symptom mgmt	1.3	Lic. Prac. Nurses	1.2
		Medicaid	3.4	Respite care	0.2	Hospice Aides	9.0
REASON FOR DISCHARG	E	Medicare/Medicaid	2.0	Total Patient Days		Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0			Occupational Therapists	
appropriate	6.5%	PACE/Partnership	0.0	CASELOAD ON 12/31/	01	Speech/Language	0.0
Transferred:		Private Insurance	14.6	BY LIVING ARRANGEM		Pathologists	0.0
care provided by		Self Pay	0.0	Private residence	88.2%	Bereavement Counselors	1.0
another hospice	1.4	Other	0.0	Nursing home	2.0	Social Workers	3.3
Revocation of		Total Admissions	910	Hospice res. fac.	4.9	Dietary	0.0
hospice benefit	1.1		0	Assisted living:		Volunteer Coordinator	2.0
Other	0.0	DEATHS BY SITE		Residential care		Chaplain	1.0
Deaths	91.0	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	
Total Discharges	881	Private residence	70.1%	Adult family hom		Other	10.0
		Nursing home	2.9	Community-based		Total FTEs	45.9
DISCHARGES BY		Hospice res. fac.	19.8	res. facility	3.9		
LENGTH OF STAY		Assisted living:		Inpatient facility		* Full-time equivalents	
1 - 7 days	33.9%	Residential care		Other site	0.0		
8 - 14 days	16.3	apt. complex	0.0	Caseload	102	Volunteers who served	
15 - 30 days	20.1	Adult family home	0.0		102	patients of the	
31 - 60 days	13.2	Community-based				hospice in 2001:	171
61 - 90 days	6.6	res. facility	4.2			11050100 111 2001.	<b> </b>
91 - 180 days	6.8	Inpatient facility	3.0			Total hours of	
181 days - 1 year	2.3	Other site	0.0			service provided	
1 year or more	0.8	Total Deaths	802			during 2001 by these	
Total Diagharges	0.0	IOCAL DCACIIS	002			unting 2001 by these	E E04

5,504

Total Discharges

Vitas Healthcare Co 2675 North Mayfair Wauwatosa WI 53226	Road, Su			C	icense Number: ounty: 414) 257-2600	547 Milwaukee	Page 33
Ownership of Hospic Title 18 (Medicare)	Certifi	ed? Yes	ary Corp	U	-	ient Count for 2001:	115 870
Title 19 (Medicaid) Licensed Hospice Re					verage Daily Ce edicare Certifi	nsus: ed Inpatient Facility?	120 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS C	F	REFERRAL SOURC	E OF	CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN		UNDUPLICATED PATIENT	COUNT	UNDUPLICATED P.		BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	19.5%	Medicare	95.7%
20 to 54	3.0	(cancer)	40.8%	Hospital	21.3	Medicaid	0.9
55 to 64	5.3	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	7.7	disease	13.3	Patient's fami	-	Managed Care/HMO	0.0
75 to 84	23.7	Pulmonary disease	7.0	Home health ag	ency 0.9	PACE/Partnership	0.0
85 to 94	58.6	Renal failure/		Nursing home	42.5	Private Insurance	3.5
95 & over	1.7	kidney disease	2.6	Other	9.3	Self Pay	0.0
Total Patients	870	Diabetes	0.0	Total Patients	870	Other	0.0
		Alzheimer's disease	16.9			Caseload	115
Male	37.9%	AIDS	0.3				
Female	62.1	ALS	0.6	PATIENT DAYS B	Y		
Total Patients	870	Other	18.4	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	870	Routine home c		Administrators	1.0
TOTAL ADMISSIONS	774			Continuous car	e 2.0	Physicians	0.5
		ADMISSIONS BY PAY SOU	JRCE	Inpatient care	: acute	Registered Nurses	19.4
TOTAL DISCHARGES	771	Medicare	89.4%	symptom mgmt	3.9	Lic. Prac. Nurses	8.1
		Medicaid	4.4	Respite care	0.2	Hospice Aides	13.1
REASON FOR DISCHARG	E	Medicare/Medicaid	0.0	Total Patient	Days 43,861	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.1			Occupational Therapist	s 0.0
appropriate	5.1%	PACE/Partnership	0.0	CASELOAD ON 12	/31/01	Speech/Language	
Transferred:		Private Insurance	5.6	BY LIVING ARRA	NGEMENTS	Pathologists	0.0
care provided by		Self Pay	0.0	Private reside	nce 42.6%	Bereavement Counselors	0.4
another hospice	1.4	Other	0.5	Nursing home	49.6	Social Workers	2.4
Revocation of		Total Admissions	774	Hospice res. f	ac. 0.0	Dietary	0.0
hospice benefit	4.3			Assisted livin	g:	Volunteer Coordinator	0.4
Other	0.4	DEATHS BY SITE		Residential	care	Chaplain	2.0
Deaths	88.8	OF OCCURRENCE		apt. compl	ex 0.0	Clerical/Office Suppor	t 5.4
Total Discharges	771	Private residence	20.1%	Adult family	home 0.0	Other	4.0
		Nursing home	52.7	Community-ba	sed	Total FTEs	56.6
DISCHARGES BY		Hospice res. fac.	0.0	res. facil	ity 3.5		
LENGTH OF STAY		Assisted living:		Inpatient faci	lity 4.3	* Full-time equivalent	s
1 - 7 days	34.5%	Residential care		Other site	0.0		
8 - 14 days	14.0	apt. complex	0.0	Caseload	115	Volunteers who served	
15 - 30 days	16.1	Adult family home	0.0			patients of the	
31 - 60 days	13.4	Community-based				hospice in 2001:	43
61 - 90 days	6.2	res. facility	0.7				
91 - 180 days	8.6	Inpatient facility	26.4			Total hours of	
181 days - 1 year	5.8	Other site	0.0			service provided	
1 year or more	1.4	Total Deaths	685			during 2001 by these	
Total Discharges	771					volunteers:	2,143

Odyssey Healthcare of 10150 West National West Allis WI 53227	Avenue,	-	Coun	nse Number: ty: ) 546-3200	553 Milwaukee	Page 34	
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Res	Certifie Certifie	ed? Yes	tary Parti	Undu Aver	age Daily Ce	ient Count for 2001:	140 647 135 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS (		REFERRAL SOURCE O		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT		UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATI		BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	2.3%	Medicare	33.6%
20 to 54	2.3	(cancer)	19.6%	Hospital	2.2	Medicaid	2.9
55 to 64	2.6	Cardiovascular		Self-referral	0.2	Medicare/Medicaid	62.9
65 to 74	9.1	disease	14.5	Patient's family	1.4	Managed Care/HMO	0.0
75 to 84	34.0	Pulmonary disease	6.6	Home health agenc	-	PACE/Partnership	0.0
85 to 94	42.0	Renal failure/	2 0	Nursing home	94.0	Private Insurance	0.0
95 & over	9.9	kidney disease	3.2	Other	0.0	Self Pay	0.0
Total Patients	647	Diabetes	0.3	Total Patients	647	Other	0.7
	21 00	Alzheimer's disease	31.5			Caseload	140
Male	31.8%	AIDS	0.3				
Female	68.2	ALS	0.0	PATIENT DAYS BY		a=1====a	+
Total Patients	647	Other	23.8	LEVEL OF CARE	00.00	STAFFING	FTEs*
momat abutaatoua	F 0.0	Total Patients	647	Routine home care		Administrators	5.0
TOTAL ADMISSIONS	529	ADMICATIONA DV DAV GOV	TD CTE	Continuous care	0.1	Physicians	0.0
TOTAL DISCHARGES	512	ADMISSIONS BY PAY SOU Medicare	17.6%	Inpatient care: a symptom mgmt		Registered Nurses Lic. Prac. Nurses	11.1 3.0
TOTAL DISCHARGES	512	Medicare Medicaid			0.0		13.4
REASON FOR DISCHARGE	<b>a</b>	Medicard/Medicaid	3.4 77.7	Respite care Total Patient Day	0.0	Hospice Aides	0.0
Hospice care not	5	Managed Care/HMO	0.0	TOTAL PACTER Day	S 49,202	Physical Therapists Occupational Therapists	
appropriate	5.7%	PACE/Partnership	0.0	CASELOAD ON 12/31	/01	Speech/Language	3 0.0
Transferred:	5.7%	Private Insurance	0.0	BY LIVING ARRANGE	•	Pathologists	0.0
care provided by		Self Pay	0.4	Private residence		Bereavement Counselors	1.0
another hospice	1.4	Other	0.0	Nursing home	88.6	Social Workers	4.0
Revocation of	1.4	Total Admissions	529	Hospice res. fac.		Dietary	0.0
hospice benefit	4.5	TOTAL AUMISSIONS	549	Assisted living:	0.0	Volunteer Coordinator	1.0
Other	0.6	DEATHS BY SITE		Residential car	۵	Chaplain	3.7
Deaths	87.9	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	
Total Discharges	512	Private residence	6.0%	Adult family ho		Other	3.0
Total Discharges	312	Nursing home	94.0	Community-based		Total FTEs	52.7
DISCHARGES BY		Hospice res. fac.	0.0	res. facility		rotar ribb	32.7
LENGTH OF STAY		Assisted living:	0.0	Inpatient facilit		* Full-time equivalents	2
1 - 7 days	29.1%	Residential care		Other site	0.0	rari cime equivarence	,
8 - 14 days	16.2		0 0	Caseload	140	Volunteers who served	
15 - 30 days	16.6	Adult family home	0.0	Cascioaa	110	patients of the	
31 - 60 days	8.4	Community-based	0.0			hospice in 2001:	252
61 - 90 days	6.6	res. facility	0.0			11000100 111 2001	2,2
91 - 180 days	10.0	Inpatient facility	0.0			Total hours of	
181 days - 1 year	9.8	Other site	0.0			service provided	
1 year or more	3.3	Total Deaths	450			during 2001 by these	
Total Discharges	512					volunteers:	1,094
	J 1 2					, 01 01100010	-, -, -

Hospice Touch 300 Butts Avenue Tomah WI 54660				Cour	ense Number: nty: 8) 374-0250	531 Monroe	Page 35
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Res	Certifie Certifie	ed? Yes	it Corpora	Undı Aver	rage Daily Ce	ient Count for 2001:	12 110 10 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS (		REFERRAL SOURCE (		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT		UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATI		BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	59.1%	Medicare	83.3%
20 to 54	9.1	(cancer)	71.8%	Hospital	21.8	Medicaid	16.7
55 to 64	19.1	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	21.8	disease	10.9	Patient's family		Managed Care/HMO	0.0
75 to 84	25.5	Pulmonary disease	6.4	Home health agend	-	PACE/Partnership	0.0
85 to 94	20.9	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	3.6	kidney disease	0.0	Other	0.0	Self Pay	0.0
Total Patients	110	Diabetes	0.9	Total Patients	110	Other	0.0
_		Alzheimer's disease	1.8			Caseload	12
Male	56.4%	AIDS	0.0				
Female	43.6	ALS	1.8	PATIENT DAYS BY			
Total Patients	110	Other	6.4	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	110	Routine home care		Administrators	1.0
TOTAL ADMISSIONS	109			Continuous care	0.1	Physicians	0.0
		ADMISSIONS BY PAY SOU		Inpatient care: a		Registered Nurses	4.8
TOTAL DISCHARGES	100	Medicare	79.8%	symptom mgmt	1.8	Lic. Prac. Nurses	1.7
		Medicaid	3.7	Respite care	0.5	Hospice Aides	5.9
REASON FOR DISCHARGE	E	Medicare/Medicaid	0.0	Total Patient Day	ys 3,762	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0			Occupational Therapists	0.0
appropriate	3.0%	PACE/Partnership	0.0	CASELOAD ON 12/31	•	Speech/Language	
Transferred:		Private Insurance	15.6	BY LIVING ARRANGE	= -	Pathologists	0.0
care provided by		Self Pay	0.9	Private residence		Bereavement Counselors	0.2
another hospice	1.0	Other	0.0	Nursing home	0.0	Social Workers	1.0
Revocation of		Total Admissions	109	Hospice res. fac.	. 16.7	Dietary	0.0
hospice benefit	8.0			Assisted living:		Volunteer Coordinator	0.6
Other	0.0	DEATHS BY SITE		Residential car		Chaplain	0.2
Deaths	88.0	OF OCCURRENCE		apt. complex		Clerical/Office Support	
Total Discharges	100	Private residence	59.1%	Adult family ho		Other	0.0
		Nursing home	0.0	Community-based		Total FTEs	16.4
DISCHARGES BY		Hospice res. fac.	23.9	res. facility	-		
LENGTH OF STAY		Assisted living:		Inpatient facilit		* Full-time equivalents	5
1 - 7 days	31.0%	Residential care		Other site	0.0		
8 - 14 days	20.0	apt. complex		Caseload	12	Volunteers who served	
15 - 30 days	24.0	Adult family home	0.0			patients of the	
31 - 60 days	11.0	Community-based	0 0			hospice in 2001:	51
61 - 90 days	6.0	res. facility	0.0				
91 - 180 days	6.0	Inpatient facility	17.0			Total hours of	
181 days - 1 year	2.0	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	88			during 2001 by these	
Total Discharges	100					volunteers:	1,781

Medicare   Certifised   Vers	Ministry Home Care, 1860 North Stevens Rhinelander WI 545	Street				License Num County: (715) 369-6		522 Oneida	Page 36
	Title 18 (Medicare) Title 19 (Medicaid)	Certifi Certifi	ed? Yes	it Church	/Corporation	Unduplicate Average Dai	ed Pation	ent Count for 2001: sus:	110 15
Dunder 20									
			UNDUPLICATED PATIENT	COUNT	UNDUPLICATED				
Self-referral   0.0   Medicare/Medicaid   0.0					-				
			,	53.6%					
75 to 84									
85 to 94				24.5		-	0.9	_	0.0
95 & over   5.5   Kidney disease   1.8   Other   5.5   Self Pay   0.0	75 to 84	23.6	<u>-</u>	3.6				PACE/Partnership	0.0
Diabetes	85 to 94				Nursing home				14.3
Male	95 & over	5.5	kidney disease	1.8	Other	5	5.5	Self Pay	0.0
Male	Total Patients	110	Diabetes	0.0	Total Patien	ts 1	110	Other	0.0
Patient			Alzheimer's disease	1.8				Caseload	14
Total Patients									
Total Admissions	Female	47.3	ALS	0.0	PATIENT DAYS	BY			
Continuous care   0.0   Physicians   0.1	Total Patients	110	Other	14.5	LEVEL OF CAR	E		STAFFING	FTEs*
TOTAL DISCHARGES 98 Medicare 78.6% symptom mgmt 0.7 Lic. Prac. Nurses 0.0 Medicaid 4.1 Respite care 0.6 Hospice Aides 1.6 REASON FOR DISCHARGE Medicaid 0.0 Total Patient Days 5.403 Physical Therapists 0.0 Occupational Therapists 0.0 Analged Care/EMO 0.0 Department of the provided by another hospice 0.0 Other 1.0 Nursing home 1.0 Nursing home 7.1 Social Workers 0.5 Assisted living: Pathologists Private residence 78.6% Bereavement Counselors 0.5 Deaths 99.8 OF OCCURRENCE 77.5% Adult family home 0.0 Nursing home 15.7 Caseload 14 Nursing home 15.7 Assisted living: Private residence 77.3% Adult family home 0.0 Other 0.0 Other 0.0 Nursing home 15.7 Total Patient Days 5.403 Physical Therapists 0.0 Occupational Therapists 0.0 Oc			Total Patients	110					
New Note	TOTAL ADMISSIONS	98			Continuous c	are C	0.0	2	0.1
Medicaid   4.1   Respite care   0.6   Hospice Aides   1.6			ADMISSIONS BY PAY SOU	JRCE	Inpatient ca	re: acute		Registered Nurses	1.8
Medicare/Medicaid   0.0   Total Patient Days   5,403   Physical Therapists   0.0   Occupational Treapists   0.0   Occupational Therapists   0.0   Occupational Treapists   0.0   Occupationa	TOTAL DISCHARGES	98	Medicare	78.6%	symptom mg	mt C	0.7	Lic. Prac. Nurses	0.0
Hospice care not appropriate 7.1% PACE/Partnership 0.0 CASELOAD ON 12/31/01 Speech/Language Pathologists 0.0 Care provided by another hospice 0.0 Other 1.0 Nursing home 7.1 Social Workers 0.8 Revocation of hospice benefit 2.0 Other 0.0 DEATHS BY SITE Other Discharges BY LENGTH OF STAY 1.7 days 19.4% Residential care Asisted living: Assisted liv			Medicaid	4.1	Respite care	C	0.6	Hospice Aides	
appropriate 7.1% PACE/Partnership 0.0 CASELOAD ON 12/31/01 Speech/Language Transferred: Private Insurance 15.3 BY LIVING ARRANGEMENTS Pathologists 0.0 care provided by another hospice 0.0 Other 1.0 Nursing home 7.1 Social Workers 0.8 Revocation of Total Admissions 98 Hospice res. fac. 0.0 Dietary 0.0 hospice benefit 2.0 Residential care 0.0 Deaths BY SITE 0.0 Residential care 0.0 Dietary 0.0 Deaths 90.8 OF OCCURRENCE 0.0 Chaplain 0.3 Deaths 90.8 Private residence 77.5% Adult family home 0.0 Clerical/Office Support 0.8 Total Discharges 98 Private residence 77.5% Adult family home 0.0 Other 0.0 DISCHARGES BY Hospice res. fac. 0.0 res. facility 14.3 LENGTH OF STAY 1.0 Assisted living: Inpatient facility 0.0 *Full-time equivalents* 1 - 7 days 19.4% Residential care 0.0 Caseload 14 Volunteers who served 15 - 30 days 10.2 Community-based 10.3	REASON FOR DISCHARG	E	Medicare/Medicaid	0.0	Total Patien	t Days 5,4	403	Physical Therapists	0.0
Transferred: Private Insurance 15.3 BY LIVING ARRANGEMENTS Pathologists 0.0 care provided by another hospice 0.0 Other 1.0 Nursing home 71. Social Workers 0.8 Revocation of Total Admissions 98 Hospice res. fac. 0.0 Dietary 0.0 hospice benefit 2.0 Residential care 0.0 DEATHS BY SITE 0.0 Distance 0.0 Residential care 0.0 Clerical/Office Support 0.8 OF OCCURRENCE 0.0 Discharges Private residence 77.5% Adult family home 0.0 Other 0.0 Other 0.0 Nursing home 0.0 Other	Hospice care not		Managed Care/HMO	0.0					0.0
care provided by another hospice 0.0 Other 1.0 Nursing home 7.1 Social Workers 0.8 Revocation of hospice benefit 2.0 Assisted living: Residential care Private residence 79.8 Assisted living: Nursing home 1.0 Discharges 98 Private residence 77.5 Adult family home 1.0 Other Nursing home 1.0 Community-based 1.0 Private residence 77.5 Adult facility 14.3 Assisted living: 1.7 Community-based 1.7 Adays 1.9 Assisted living: 1.8 Adult family home 1.0 Other site 0.0 Chaplain 0.0 Other 1.0 O	appropriate	7.1%	PACE/Partnership	0.0	CASELOAD ON	12/31/01			
another hospice 0.0 Other 1.0 Nursing home 7.1 Social Workers 0.8 Revocation of Total Admissions 98 Hospice res. fac. 0.0 Dietary 0.0 hospice benefit 2.0 Assisted living: Volunteer Coordinator 0.5 Other 0.0 DEATHS BY SITE Residential care Deaths 90.8 OF OCCURRENCE apt. complex 0.0 Clerical/Office Support 0.8 Total Discharges 98 Private residence 77.5% Adult family home 0.0 Other 0.0 DISCHARGES BY Hospice res. fac. 0.0 res. facility 14.3 LENGTH OF STAY Assisted living: Inpatient facility 0.0 Total Pier equivalents 1.7 days 19.4 Residential care 0.0 Caseload 14 Volunteers who served 15 - 30 days 19.4 apt. complex 0.0 Caseload 14 Volunteers who served 15 - 30 days 10.2 Community-based 10.2 Commun	Transferred:		Private Insurance	15.3	BY LIVING AR	RANGEMENTS		Pathologists	
Revocation of hospice benefit 2.0	care provided by		Self Pay	1.0	Private resi	dence 78	3.6%	Bereavement Counselors	0.5
hospice benefit 2.0 Other 0.0 DEATHS BY SITE Residential care Chaplain 0.3  Deaths 90.8 OF OCCURRENCE apt. complex 0.0 Clerical/Office Support 0.8  Total Discharges 98 Private residence 77.5% Adult family home 0.0 Other 0.0  Nursing home 15.7 Community-based Total FTEs 7.3  DISCHARGES BY Hospice res. fac. 0.0 res. facility 14.3  LENGTH OF STAY Assisted living: Inpatient facility 0.0 *Full-time equivalents 1-7 days 19.4% Residential care Other site 0.0  8 - 14 days 19.4 apt. complex 0.0 Caseload 14 Volunteers who served patients of the 15-30 days 23.5 Adult family home 0.0 Adult family ho	another hospice	0.0	Other	1.0	Nursing home	7	7.1	Social Workers	0.8
Other 0.0 DEATHS BY SITE Residential care Chaplain 0.3  Deaths 90.8 OF OCCURRENCE apt. complex 0.0 Clerical/Office Support 0.8  Total Discharges 98 Private residence 77.5% Adult family home 0.0 Other 0.0  Nursing home 15.7 Community-based Total FTEs 7.3  DISCHARGES BY Hospice res. fac. 0.0 res. facility 14.3  LENGTH OF STAY Assisted living: Inpatient facility 0.0 *Full-time equivalents  1 - 7 days 19.4% Residential care Other site 0.0  8 - 14 days 19.4 apt. complex 0.0 Caseload 14 Volunteers who served 15 - 30 days 23.5 Adult family home 0.0  31 - 60 days 10.2 Community-based 61 - 90 days 9.2 res. facility 0.0  91 - 180 days 9.2 Inpatient facility 6.7  181 days - 1 year 5.1 Other site 0.0  192 Total Deaths 89	Revocation of		Total Admissions	98	Hospice res.	fac. 0	0.0	Dietary	0.0
Deaths 90.8 OF OCCURRENCE apt. complex 0.0 Clerical/Office Support 0.8  Total Discharges 98 Private residence 77.5% Adult family home 0.0 Other 0.0  Nursing home 15.7 Community-based Total FTEs 7.3  DISCHARGES BY Hospice res. fac. 0.0 res. facility 14.3  LENGTH OF STAY Assisted living: Inpatient facility 0.0 *Full-time equivalents  1 - 7 days 19.4 Residential care Other site 0.0  8 - 14 days 19.4 apt. complex 0.0 Caseload 14 Volunteers who served patients of the 31 - 60 days 10.2 Community-based 61 - 90 days 9.2 res. facility 0.0  91 - 180 days 9.2 Inpatient facility 6.7 Total hours of 181 days - 1 year or more 4.1 Total Deaths 89	hospice benefit	2.0			Assisted liv	ing:		Volunteer Coordinator	0.5
Total Discharges 98 Private residence 77.5% Adult family home 0.0 Other 0.0  Nursing home 15.7 Community-based Total FTEs 7.3  DISCHARGES BY Hospice res. fac. 0.0 res. facility 14.3  LENGTH OF STAY Assisted living: Inpatient facility 0.0 *Full-time equivalents 0.0 Other site	Other	0.0	DEATHS BY SITE		Residentia	l care		Chaplain	0.3
Nursing home 15.7 Community-based Total FTES 7.3  DISCHARGES BY Hospice res. fac. 0.0 res. facility 14.3  LENGTH OF STAY Assisted living: Inpatient facility 0.0 *Full-time equivalents  1 - 7 days 19.4 Residential care Other site 0.0  8 - 14 days 19.4 apt. complex 0.0 Caseload 14 Volunteers who served  15 - 30 days 23.5 Adult family home 0.0  31 - 60 days 10.2 Community-based 10.2 Community-based 10.2 Community-based 10.2 res. facility 10.0  91 - 180 days 9.2 Inpatient facility 6.7  181 days - 1 year 5.1 Other site 10.0  1 year or more 4.1 Total Deaths 89	Deaths	90.8	OF OCCURRENCE		apt. com	plex 0	0.0	Clerical/Office Support	0.8
DISCHARGES BY LENGTH OF STAY Assisted living: 1 - 7 days 1 - 8 - 14 days 1 - 90 days 1 - 90 days 1 - 180 days 1 - 180 days 1 - 180 days 1 - 190 days 1 - 190 days 1 - 190 days 1 - 180 days 1 - 190 day	Total Discharges	98	Private residence	77.5%	Adult fami	ly home C	0.0	Other	0.0
LENGTH OF STAY Assisted living: Inpatient facility O.0 Total hours of 19.4% Residential care Other site Other			Nursing home	15.7	Community-	based		Total FTEs	7.3
1 - 7 days 19.4% Residential care Other site 0.0 8 - 14 days 19.4 apt. complex 0.0 Caseload 14 Volunteers who served 15 - 30 days 23.5 Adult family home 0.0 patients of the 31 - 60 days 10.2 Community-based hospice in 2001: 54 61 - 90 days 9.2 res. facility 0.0 91 - 180 days 9.2 Inpatient facility 6.7 Total hours of 181 days - 1 year 5.1 Other site 0.0 service provided 1 year or more 4.1 Total Deaths 89	DISCHARGES BY		Hospice res. fac.	0.0		-	4.3		
8 - 14 days 19.4 apt. complex 0.0 Caseload 14 Volunteers who served patients of the 15 - 30 days 23.5 Adult family home 0.0 patients of the 31 - 60 days 10.2 Community-based hospice in 2001: 54 61 - 90 days 9.2 res. facility 0.0 91 - 180 days 9.2 Inpatient facility 6.7 Total hours of 181 days - 1 year 5.1 Other site 0.0 service provided 1 year or more 4.1 Total Deaths 89	LENGTH OF STAY		Assisted living:		Inpatient fa	cility 0	0.0	* Full-time equivalents	
15 - 30 days       23.5       Adult family home       0.0       patients of the hospice in 2001:       54         31 - 60 days       10.2       Community-based       54         61 - 90 days       9.2       res. facility       0.0         91 - 180 days       9.2       Inpatient facility       6.7       Total hours of service provided during 2001 by these         181 days - 1 year or more       4.1       Total Deaths       89       during 2001 by these	1 - 7 days	19.4%	Residential care		Other site	C	0.0		
31 - 60 days       10.2       Community-based       hospice in 2001:       54         61 - 90 days       9.2       res. facility       0.0         91 - 180 days       9.2       Inpatient facility       6.7       Total hours of         181 days - 1 year       5.1       Other site       0.0       service provided         1 year or more       4.1       Total Deaths       89       during 2001 by these	8 - 14 days	19.4	apt. complex	0.0	Caseload		14	Volunteers who served	
61 - 90 days 9.2 res. facility 0.0 91 - 180 days 9.2 Inpatient facility 6.7 Total hours of 181 days - 1 year 5.1 Other site 0.0 service provided 1 year or more 4.1 Total Deaths 89 during 2001 by these		23.5	Adult family home	0.0				-	
91 - 180 days 9.2 Inpatient facility 6.7 Total hours of 181 days - 1 year 5.1 Other site 0.0 service provided 1 year or more 4.1 Total Deaths 89 during 2001 by these	_		Community-based					hospice in 2001:	54
181 days - 1 year5.1Other site0.0service provided1 year or more4.1Total Deaths89during 2001 by these	61 - 90 days	9.2	res. facility	0.0					
1 year or more 4.1 Total Deaths 89 during 2001 by these	91 - 180 days	9.2	Inpatient facility	6.7				Total hours of	
	181 days - 1 year	5.1	Other site	0.0				service provided	
Total Discharges 98 volunteers: 3,463	1 year or more	4.1	Total Deaths	89				during 2001 by these	
	Total Discharges	98						volunteers:	3,463

Dr. Kate Hospice 240 Maple Street, PO Woodruff WI 54568	Box 770	0			License County: (715) 3	Number: 56-8805	1509 Oneida	Page 37
Ownership of Hospice Title 18 (Medicare)		_	it Church,	/Corporation			1 Caseload:	20 144
Title 18 (Medicare) Title 19 (Medicaid)					_	Daily Ce	ient Count for 2001:	24
· · · · · · · · · · · · · · · · · · ·					_	-	ed Inpatient Facility?	No
Licensed Hospice Res	пиенста.	racility: les			Medicar	e certiii	ed impactenc facility?	NO
AGE AND SEX OF		PRINCIPAL DIAGNOSIS	OF	REFERRAL SOU	IRCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATE	PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician		48.6%	Medicare	90.0%
20 to 54	6.3	(cancer)	64.6%	Hospital		32.6	Medicaid	5.0
55 to 64	5.6	Cardiovascular		Self-referra	al	0.7	Medicare/Medicaid	0.0
65 to 74	28.5	disease	13.2	Patient's fa		12.5	Managed Care/HMO	0.0
75 to 84	29.9	Pulmonary disease	6.3	Home health		1.4	PACE/Partnership	0.0
85 to 94	27.1	Renal failure/		Nursing home	2	0.7	Private Insurance	0.0
95 & over	2.8	kidney disease	4.2	Other		3.5	Self Pay	0.0
Total Patients	144	Diabetes	0.0	Total Patier	nts	144	Other	5.0
		Alzheimer's disease	0.7				Caseload	20
Male	54.9%	AIDS	0.0					
Female	45.1	ALS	0.7	PATIENT DAYS	BY			
Total Patients	144	Other	10.4	LEVEL OF CAR	RΕ		STAFFING	FTEs*
		Total Patients	144	Routine home	care	98.2%	Administrators	0.6
TOTAL ADMISSIONS	134			Continuous o	care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SO	URCE	Inpatient ca	are: acut	e	Registered Nurses	2.3
TOTAL DISCHARGES	128	Medicare	85.8%	symptom mg	gmt	0.7	Lic. Prac. Nurses	0.0
		Medicaid	3.0	Respite care	2	1.1	Hospice Aides	6.8
REASON FOR DISCHARGE	:	Medicare/Medicaid	0.0	Total Patier	nt Days	8,662	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0				Occupational Therapists	0.0
appropriate	2.3%	PACE/Partnership	0.0	CASELOAD ON	12/31/01		Speech/Language	
Transferred:		Private Insurance	10.4	BY LIVING AF	RRANGEMEN	TS	Pathologists	0.0
care provided by		Self Pay	0.0	Private resi		85.0%	Bereavement Counselors	0.4
another hospice	1.6	Other	0.7	Nursing home	2	0.0	Social Workers	1.0
Revocation of		Total Admissions	134	Hospice res.	fac.	15.0	Dietary	0.0
hospice benefit	5.5			Assisted liv	_		Volunteer Coordinator	0.5
Other	2.3	DEATHS BY SITE		Residentia	al care		Chaplain	0.4
Deaths	88.3	OF OCCURRENCE		apt. com	_	0.0	Clerical/Office Support	
Total Discharges	128	Private residence	89.4%	Adult fami	4	0.0	Other	0.8
		Nursing home	1.8	Community-			Total FTEs	13.8
DISCHARGES BY		Hospice res. fac.	8.0	res. fac		0.0		
LENGTH OF STAY		Assisted living:		Inpatient fa	acility	0.0	* Full-time equivalents	
1 - 7 days	28.1%	Residential care		Other site		0.0		
8 - 14 days	9.4	apt. complex	0.0	Caseload		20	Volunteers who served	
15 - 30 days	18.8	Adult family home	0.0				patients of the	
31 - 60 days	19.5	Community-based					hospice in 2001:	69
61 - 90 days	7.8	res. facility	0.0					
91 - 180 days	11.7	Inpatient facility	0.9				Total hours of	
181 days - 1 year	3.1	Other site	0.0				service provided	
1 year or more	1.6	Total Deaths	113				during 2001 by these	
Total Discharges	128						volunteers:	6,507

Ministry Home Care, 2501 Main Street, Su Stevens Point WI 54	uite A				License County: (715) 34		503 Portage	Page 38
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Res	Certifie Certifie	ed? Yes	it Church/	/Corporation	Unduplio Average	cated Pat Daily Ce	1 Caseload: ient Count for 2001: nsus: ed Inpatient Facility?	24 106 23 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS	OF	REFERRAL SOUR	RCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	r count	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED	PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician		39.6%	Medicare	75.0%
20 to 54	8.5	(cancer)	62.3%	Hospital		27.4	Medicaid	4.2
55 to 64	15.1	Cardiovascular		Self-referral	1	0.0	Medicare/Medicaid	8.3
65 to 74	24.5	disease	7.5	Patient's fam		20.8	Managed Care/HMO	0.0
75 to 84	31.1	Pulmonary disease	6.6	Home health a	agency	3.8	PACE/Partnership	0.0
85 to 94	17.9	Renal failure/		Nursing home		6.6	Private Insurance	8.3
95 & over	2.8	kidney disease	0.9	Other		1.9	Self Pay	4.2
Total Patients	106	Diabetes	0.0	Total Patient	ts	106	Other	0.0
		Alzheimer's disease	7.5				Caseload	24
Male	39.6%	AIDS	0.0					
Female	60.4	ALS	1.9	PATIENT DAYS	BY			
Total Patients	106	Other	13.2	LEVEL OF CARE	E		STAFFING	FTEs*
		Total Patients	106	Routine home		98.1%	Administrators	1.0
TOTAL ADMISSIONS	88	10001 100101102	200	Continuous ca		0.0	Physicians	0.0
	00	ADMISSIONS BY PAY SO	TRCE	Inpatient car			Registered Nurses	4.5
TOTAL DISCHARGES	82	Medicare	71.6%	symptom mgm		1.5	Lic. Prac. Nurses	0.0
TOTTE DISCHARGES	02	Medicaid	8.0	Respite care		0.4	Hospice Aides	1.0
REASON FOR DISCHARGE	7	Medicare/Medicaid	0.0	Total Patient		8,417	Physical Therapists	0.0
Hospice care not	_	Managed Care/HMO	3.4	TOTAL PACTER	L Days	0,417	Occupational Therapists	
-	3.7%	_	0.0	CASELOAD ON 1	12/21/01			0.0
appropriate	3.76	PACE/Partnership		BY LIVING ARE		ng.	Speech/Language	0 0
Transferred:		Private Insurance	17.0				Pathologists	0.0
care provided by	1 0	Self Pay	0.0	Private resid		79.2%	Bereavement Counselors	1.0
another hospice	1.2	Other	0.0	Nursing home		12.5	Social Workers	0.6
Revocation of		Total Admissions	88	Hospice res.		0.0	Dietary	0.0
hospice benefit	3.7			Assisted livi	_		Volunteer Coordinator	1.0
Other	0.0	DEATHS BY SITE		Residential			Chaplain	0.6
Deaths	91.5	OF OCCURRENCE		apt. comp	-	0.0	Clerical/Office Support	
Total Discharges	82	Private residence	61.3%	Adult famil		0.0	Other	0.0
		Nursing home	10.7	Community-k			Total FTEs	10.7
DISCHARGES BY		Hospice res. fac.	0.0	res. faci	-	8.3		
LENGTH OF STAY		Assisted living:		Inpatient fac	cility	0.0	* Full-time equivalents	
1 - 7 days	14.6%	Residential care		Other site		0.0		
8 - 14 days	15.9	apt. complex	0.0	Caseload		24	Volunteers who served	
15 - 30 days	20.7	Adult family home	0.0				patients of the	
31 - 60 days	18.3	Community-based					hospice in 2001:	41
61 - 90 days	9.8	res. facility	8.0					
91 - 180 days	12.2	Inpatient facility	20.0				Total hours of	
181 days - 1 year	8.5	Other site	0.0				service provided	
1 year or more	0.0	Total Deaths	75				during 2001 by these	
Total Discharges	82						volunteers:	2,357
								-,

Flambeau Home Health 605 Peterson Drive Phillips WI 54555	h & Hosp	ice		County	e Number: : 339-4371	552 Price	Page 39
Ownership of Hospic Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Re	Certific Certific	ed? Yes	t Corpora	Undupl Averag	icated Pat e Daily Ce	1 Caseload: ient Count for 2001: nsus: ed Inpatient Facility?	10 53 7 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS C	F	REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN		UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIEN		BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	20.8%	Medicare	90.0%
20 to 54	0.0	(cancer)	66.0%	Hospital	35.8	Medicaid	0.0
55 to 64	9.4	Cardiovascular		Self-referral	3.8	Medicare/Medicaid	10.0
65 to 74	24.5	disease	15.1	Patient's family	3.8	Managed Care/HMO	0.0
75 to 84	37.7	Pulmonary disease	7.5	Home health agency	30.2	PACE/Partnership	0.0
85 to 94	28.3	Renal failure/		Nursing home	5.7	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Other	0.0	Self Pay	0.0
Total Patients	53	Diabetes	0.0	Total Patients	53	Other	0.0
		Alzheimer's disease	1.9			Caseload	10
Male	39.6%	AIDS	0.0				
Female	60.4	ALS	0.0	PATIENT DAYS BY			
Total Patients	53	Other	9.4	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	53	Routine home care	97.9%	Administrators	0.4
TOTAL ADMISSIONS	47			Continuous care	0.2	Physicians	0.0
		ADMISSIONS BY PAY SOU	RCE	Inpatient care: acu	te	Registered Nurses	3.0
TOTAL DISCHARGES	44	Medicare	70.2%	symptom mgmt	0.9	Lic. Prac. Nurses	0.0
		Medicaid	0.0	Respite care	1.1	Hospice Aides	1.0
REASON FOR DISCHARG	E	Medicare/Medicaid	21.3	Total Patient Days	2,539	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	-	•	Occupational Therapists	
appropriate	0.0%	PACE/Partnership	0.0	CASELOAD ON 12/31/0	1	Speech/Language	
Transferred:		Private Insurance	8.5	BY LIVING ARRANGEME	NTS	Pathologists	0.0
care provided by		Self Pay	0.0	Private residence	90.0%	Bereavement Counselors	0.5
another hospice	0.0	Other	0.0	Nursing home	10.0	Social Workers	1.0
Revocation of		Total Admissions	47	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	2.3	rotar manifolions	1,	Assisted living:	0.0	Volunteer Coordinator	0.5
Other	0.0	DEATHS BY SITE		Residential care		Chaplain	0.0
Deaths	97.7	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	
Total Discharges	44	Private residence	72.1%	Adult family home		Other	0.0
10tal Discharges		Nursing home	18.6	Community-based	0.0	Total FTEs	7.0
DISCHARGES BY		Hospice res. fac.	0.0	res. facility	0.0	TOCAL TIES	7.0
LENGTH OF STAY		Assisted living:	0.0	Inpatient facility	0.0	* Full-time equivalents	,
1 - 7 days	11.4%	Residential care		Other site	0.0	rair cime equivalence	•
	13.6	apt. complex	0.0		10	Woluntoors who sorved	
8 - 14 days 15 - 30 days	38.6	Adult family home	0.0	Caseload	10	Volunteers who served patients of the	
			0.0			hospice in 2001:	20
31 - 60 days	20.5	Community-based	0.0			nospice in 2001;	38
61 - 90 days	2.3	res. facility	2.3			Matal barrer - 5	
91 - 180 days	11.4	Inpatient facility	7.0			Total hours of	
181 days - 1 year	2.3	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	43			during 2001 by these	1 600
Total Discharges	44					volunteers:	1,628

Beloit Regional Hosp 2958 Prairie Avenue Beloit WI 53511	pice, Ind	c.		Co	cense Number: unty: 08) 363-7421	1525 Rock	Page 40
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Res	Certifie Certifie	ed? Yes	it Corpora	Un Av	erage Daily Ce	ient Count for 2001:	30 170 22 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS (	<b>OF</b>	REFERRAL SOURCE		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT		UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PA	TIENT COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	31.8%	Medicare	83.3%
20 to 54	6.5	(cancer)	54.7%	Hospital	36.5	Medicaid	3.3
55 to 64	11.8	Cardiovascular		Self-referral	2.4	Medicare/Medicaid	0.0
65 to 74	20.0	disease	10.6	Patient's famil	-	Managed Care/HMO	0.0
75 to 84	31.2	Pulmonary disease	7.1	Home health age	-	PACE/Partnership	0.0
85 to 94	27.1	Renal failure/		Nursing home	4.1	Private Insurance	13.3
95 & over	3.5	kidney disease	1.8	Other	7.6	Self Pay	0.0
Total Patients	170	Diabetes	0.0	Total Patients	170	Other	0.0
		Alzheimer's disease	10.0			Caseload	30
Male	49.4%	AIDS	0.0				
Female	50.6	ALS	0.0	PATIENT DAYS BY			
Total Patients	170	Other	15.9	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	170	Routine home ca	re 99.7%	Administrators	3.0
TOTAL ADMISSIONS	153			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	JRCE	Inpatient care:	acute	Registered Nurses	4.9
TOTAL DISCHARGES	141	Medicare	84.3%	symptom mgmt	0.0	Lic. Prac. Nurses	0.3
		Medicaid	2.6	Respite care	0.2	Hospice Aides	4.4
REASON FOR DISCHARGE	3	Medicare/Medicaid	0.0	Total Patient D	ays 8,059	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0			Occupational Therapists	0.0
appropriate	2.1%	PACE/Partnership	0.0	CASELOAD ON 12/	31/01	Speech/Language	
Transferred:		Private Insurance	13.1	BY LIVING ARRAN	GEMENTS	Pathologists	0.0
care provided by		Self Pay	0.0	Private residen	ce 63.3%	Bereavement Counselors	0.8
another hospice	1.4	Other	0.0	Nursing home	3.3	Social Workers	3.0
Revocation of		Total Admissions	153	Hospice res. fa	c. 0.0	Dietary	0.0
hospice benefit	2.8			Assisted living	:	Volunteer Coordinator	1.0
Other	0.0	DEATHS BY SITE		Residential c	are	Chaplain	0.0
Deaths	93.6	OF OCCURRENCE		apt. comple	x 3.3	Clerical/Office Support	2.8
Total Discharges	141	Private residence	74.2%	Adult family	home 0.0	Other	0.0
		Nursing home	6.1	Community-bas	ed	Total FTEs	20.2
DISCHARGES BY		Hospice res. fac.	0.0	res. facili	ty 30.0		
LENGTH OF STAY		Assisted living:		Inpatient facil	ity 0.0	* Full-time equivalents	
1 - 7 days	31.2%	Residential care		Other site	0.0	_	
8 - 14 days	14.9	apt. complex	0.0	Caseload	30	Volunteers who served	
15 - 30 days	19.9	Adult family home	0.0			patients of the	
31 - 60 days	12.1	Community-based				hospice in 2001:	30
61 - 90 days	5.7	res. facility	17.4			-	
91 - 180 days	12.1	Inpatient facility	2.3			Total hours of	
181 days - 1 year	4.3	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	132			during 2001 by these	
Total Discharges	141					volunteers:	3,267
3							

Mercy Assisted Care 901 Mineral Point And Janesville WI 5354	venue			Cou	ense Number: nty: 8) 755-6920	544 Rock	Page 41
Ownership of Hospice		_	it Corpora		ember 31, 200		13
Title 18 (Medicare)						ient Count for 2001:	107
Title 19 (Medicaid) Certified? Yes					rage Daily Cer		17
Licensed Hospice Re	sidentia.	l Facility? Yes		Med	icare Certifie	ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS	OF	REFERRAL SOURCE	OF	CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN	r count	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PAT	IENT COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	27.1%	Medicare	84.6%
20 to 54	9.3	(cancer)	63.6%	Hospital	31.8	Medicaid	0.0
55 to 64	12.1	Cardiovascular		Self-referral	2.8	Medicare/Medicaid	15.4
65 to 74	17.8	disease	12.1	Patient's family		Managed Care/HMO	0.0
75 to 84	29.9	Pulmonary disease	4.7	Home health agen	-	PACE/Partnership	0.0
85 to 94	24.3	Renal failure/		Nursing home	4.7	Private Insurance	0.0
95 & over	6.5	kidney disease	2.8	Other	13.1	Self Pay	0.0
Total Patients	107	Diabetes	0.0	Total Patients	107	Other	0.0
		Alzheimer's disease	4.7			Caseload	13
Male	42.1%	AIDS	0.9				
Female	57.9	ALS	1.9	PATIENT DAYS BY			
Total Patients	107	Other	9.3	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	107	Routine home car		Administrators	0.2
TOTAL ADMISSIONS	93			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SO		Inpatient care:	acute	Registered Nurses	2.6
TOTAL DISCHARGES	96	Medicare	79.6%	symptom mgmt	0.1	Lic. Prac. Nurses	0.0
		Medicaid	0.0	Respite care	0.2	Hospice Aides	0.4
REASON FOR DISCHARGE	E	Medicare/Medicaid	5.4	Total Patient Da	ys 6,128	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	7.5			Occupational Therapists	0.0
appropriate	13.5%	PACE/Partnership	0.0	CASELOAD ON 12/3	•	Speech/Language	
Transferred:		Private Insurance	6.5	BY LIVING ARRANG		Pathologists	0.0
care provided by		Self Pay	0.0	Private residenc		Bereavement Counselors	0.2
another hospice	1.0	Other	1.1	Nursing home	15.4	Social Workers	0.6
Revocation of		Total Admissions	93	Hospice res. fac	. 23.1	Dietary	0.0
hospice benefit	1.0			Assisted living:		Volunteer Coordinator	0.1
Other	1.0	DEATHS BY SITE		Residential ca		Chaplain	0.0
Deaths	83.3	OF OCCURRENCE		apt. complex		Clerical/Office Support	
Total Discharges	96	Private residence	73.8%	Adult family h		Other	0.0
		Nursing home	8.8	Community-base		Total FTEs	4.0
DISCHARGES BY		Hospice res. fac.	13.8	res. facilit	-		
LENGTH OF STAY		Assisted living:		Inpatient facili		* Full-time equivalents	
1 - 7 days	18.8%	Residential care		Other site	0.0		
8 - 14 days	13.5	apt. complex	0.0	Caseload	13	Volunteers who served	
15 - 30 days	19.8	Adult family home	0.0			patients of the	
31 - 60 days	13.5	Community-based				hospice in 2001:	6
61 - 90 days	14.6	res. facility	0.0				
91 - 180 days	15.6	Inpatient facility	3.8			Total hours of	
181 days - 1 year	4.2	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	80			during 2001 by these	
Total Discharges	96					volunteers:	324

Heartland Hospice 455 Davis Street, Po Hammond WI 54015	O Box 48	7		Co	icense Number: bunty: 715) 796-2223	1521 St. Croix	Page 42
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Res	Certifi Certifi	ed? Yes	t Corpor	Ur As	verage Daily Ce	ient Count for 2001:	10 73 10 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS C	F	REFERRAL SOURCE	E OF	CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	r count	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PA	ATIENT COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	17.8%	Medicare	100.0%
20 to 54	8.2	(cancer)	84.9%	Hospital	43.8	Medicaid	0.0
55 to 64	12.3	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	24.7	disease	5.5	Patient's famil	Ly 23.3	Managed Care/HMO	0.0
75 to 84	35.6	Pulmonary disease	1.4	Home health age	ency 1.4	PACE/Partnership	0.0
85 to 94	16.4	Renal failure/		Nursing home	9.6	Private Insurance	0.0
95 & over	2.7	kidney disease	4.1	Other	4.1	Self Pay	0.0
Total Patients	73	Diabetes	0.0	Total Patients	73	Other	0.0
		Alzheimer's disease	0.0			Caseload	10
Male	52.1%	AIDS	0.0				
Female	47.9	ALS	1.4	PATIENT DAYS BY	Z .		
Total Patients	73	Other	2.7	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	73	Routine home ca	are 98.9%	Administrators	1.0
TOTAL ADMISSIONS	63			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	IRCE	Inpatient care:	: acute	Registered Nurses	1.5
TOTAL DISCHARGES	63	Medicare	82.5%	symptom mgmt	0.1	Lic. Prac. Nurses	0.1
		Medicaid	6.3	Respite care	1.0	Hospice Aides	0.4
REASON FOR DISCHARGE	E	Medicare/Medicaid	0.0	Total Patient I	Days 3,768	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	7.9			Occupational Therapists	0.0
appropriate	3.2%	PACE/Partnership	0.0	CASELOAD ON 12/	/31/01	Speech/Language	
Transferred:		Private Insurance	3.2	BY LIVING ARRAN	NGEMENTS	Pathologists	0.0
care provided by		Self Pay	0.0	Private resider	nce 90.0%	Bereavement Counselors	0.3
another hospice	1.6	Other	0.0	Nursing home	10.0	Social Workers	0.6
Revocation of		Total Admissions	63	Hospice res. fa	ac. 0.0	Dietary	0.0
hospice benefit	11.1			Assisted living	q:	Volunteer Coordinator	0.3
Other	0.0	DEATHS BY SITE		Residential o	care	Chaplain	0.2
Deaths	84.1	OF OCCURRENCE		apt. comple	ex 0.0	Clerical/Office Support	0.8
Total Discharges	63	Private residence	58.5%	Adult family	home 0.0	Other	0.0
		Nursing home	37.7	Community-bas	sed	Total FTEs	5.2
DISCHARGES BY		Hospice res. fac.	0.0	res. facili	ity 0.0		
LENGTH OF STAY		Assisted living:		Inpatient facil		* Full-time equivalents	5
1 - 7 days	23.8%	Residential care		Other site	0.0	_	
8 - 14 days	12.7	apt. complex	0.0	Caseload	10	Volunteers who served	
15 - 30 days	25.4	Adult family home	0.0			patients of the	
31 - 60 days	17.5	Community-based				hospice in 2001:	40
61 - 90 days	11.1	res. facility	3.8			_	
91 - 180 days	6.3	Inpatient facility	0.0			Total hours of	
181 days - 1 year	3.2	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	53			during 2001 by these	
Total Discharges	63					volunteers:	1,151
_							

Home Health United : 520 South Boulevard Baraboo WI 53913	_	Inc.		Con	cense Number: unty: 08) 356-2288	1522 Sauk	Page 43
Ownership of Hospice:  Title 18 (Medicare) Certified?  Title 19 (Medicaid) Certified?  Licensed Hospice Residential Facility?  No				Uno Avo	erage Daily Ce	ient Count for 2001:	19 212 25 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS (	F	REFERRAL SOURCE	OF	CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN	T COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PA	TIENT COUNT	BY PAY SOURCE	
Under 20	0.5%	Malignant neoplasm		Physician	67.0%	Medicare	94.7%
20 to 54	9.9	(cancer)	78.8%	Hospital	31.6	Medicaid	0.0
55 to 64	12.3	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	28.8	disease	7.5	Patient's family	y 0.0	Managed Care/HMO	0.0
75 to 84	32.1	Pulmonary disease	4.7	Home health age	ncy 0.0	PACE/Partnership	0.0
85 to 94	14.2	Renal failure/		Nursing home	1.4	Private Insurance	5.3
95 & over	2.4	kidney disease	1.9	Other	0.0	Self Pay	0.0
Total Patients	212	Diabetes	0.0	Total Patients	212	Other	0.0
		Alzheimer's disease	0.0			Caseload	19
Male	49.1%	AIDS	0.0				
Female	50.9	ALS	0.0	PATIENT DAYS BY			
Total Patients	212	Other	7.1	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	212	Routine home car	re 99.7%	Administrators	1.0
TOTAL ADMISSIONS	197			Continuous care	0.0	Physicians	0.1
		ADMISSIONS BY PAY SOU	JRCE	Inpatient care:		Registered Nurses	2.5
TOTAL DISCHARGES	202	Medicare	77.7%	symptom mgmt	0.1	Lic. Prac. Nurses	0.0
		Medicaid	1.5	Respite care	0.2	Hospice Aides	1.6
REASON FOR DISCHARG	E	Medicare/Medicaid	0.0	Total Patient Da		Physical Therapists	0.0
Hospice care not	_	Managed Care/HMO	1.5	room ractions	a. 7	Occupational Therapists	
appropriate	0.5%	PACE/Partnership	0.0	CASELOAD ON 12/	31/01	Speech/Language	0.0
Transferred:	0.50	Private Insurance	19.3	BY LIVING ARRAN	•	Pathologists	0.0
care provided by		Self Pay	0.0	Private residen		Bereavement Counselors	0.5
another hospice	1.0	Other	0.0	Nursing home	0.0	Social Workers	0.9
Revocation of	1.0	Total Admissions	197	Hospice res. fa		Dietary	0.0
hospice benefit	10.4	TOTAL TAMEBUTIE	101	Assisted living		Volunteer Coordinator	0.5
Other	5.9	DEATHS BY SITE		Residential ca		Chaplain	0.7
Deaths	82.2	OF OCCURRENCE		apt. comple:		Clerical/Office Support	
Total Discharges	202	Private residence	86.1%	Adult family		Other	0.0
Total Dibellarges	202	Nursing home	4.2	Community-base		Total FTEs	7.9
DISCHARGES BY		Hospice res. fac.	0.0	res. facili		TOCAL TIES	7.5
LENGTH OF STAY		Assisted living:	0.0	Inpatient facil:	-	* Full-time equivalents	
1 - 7 days	24.8%	Residential care		Other site	0.0	rair eime equivarenes	
8 - 14 days	17.8	apt. complex	0.0	Caseload	19	Volunteers who served	
15 - 30 days	21.3	Adult family home	0.0	Jabeloud	10	patients of the	
31 - 60 days	13.9	Community-based	0.0			hospice in 2001:	74
61 - 90 days	9.4	res. facility	6.0			1109bice III 7001.	/ 4
91 - 180 days	7.9	Inpatient facility	3.6			Total hours of	
=						service provided	
181 days - 1 year	4.0	Other site	0.0			-	
1 year or more	1.0	Total Deaths	166			during 2001 by these	2 225

2,235

Total Discharges

Shawano Community Hospice 309 North Bartlette, PO Box 477 Shawano WI 54166					License Number: 510 Page County: Shawano (715) 524-2169				
Ownership of Hospice Title 18 (Medicare)	Certifi	ed? Yes	it Corpora	Undı		ient Count for 2001:	6 69		
Title 19 (Medicaid)					rage Daily Ce		9		
Licensed Hospice Res	sidentia	l Facility? No		Medi	icare Certifi	ed Inpatient Facility?	No		
AGE AND SEX OF		PRINCIPAL DIAGNOSIS (	OF.	REFERRAL SOURCE (	OF	CASELOAD ON 12/31/01			
UNDUPLICATED PATIENT	I COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PAT	IENT COUNT	BY PAY SOURCE			
Under 20	1.4%	Malignant neoplasm		Physician	95.7%	Medicare	100.0%		
20 to 54	10.1	(cancer)	79.7%	Hospital	2.9	Medicaid	0.0		
55 to 64	10.1	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0		
65 to 74	27.5	disease	7.2	Patient's family	0.0	Managed Care/HMO	0.0		
75 to 84	31.9	Pulmonary disease	1.4	Home health agend	cy 0.0	PACE/Partnership	0.0		
85 to 94	15.9	Renal failure/		Nursing home	1.4	Private Insurance	0.0		
95 & over	2.9	kidney disease	2.9	Other	0.0	Self Pay	0.0		
Total Patients	69	Diabetes	1.4	Total Patients	69	Other	0.0		
		Alzheimer's disease	0.0			Caseload	6		
Male	53.6%	AIDS	0.0						
Female	46.4	ALS	2.9	PATIENT DAYS BY					
Total Patients	69	Other	4.3	LEVEL OF CARE		STAFFING	FTEs*		
		Total Patients	69	Routine home care	e 98.9%	Administrators	1.0		
TOTAL ADMISSIONS	70			Continuous care	0.0	Physicians	0.0		
		ADMISSIONS BY PAY SOU	JRCE	Inpatient care: a	acute	Registered Nurses	1.0		
TOTAL DISCHARGES	69	Medicare	80.0%	symptom mamt	0.9	Lic. Prac. Nurses	0.0		
		Medicaid	0.0	Respite care	0.1	Hospice Aides	1.0		
REASON FOR DISCHARGE	E	Medicare/Medicaid	0.0	Total Patient Day	ys 3,173	Physical Therapists	0.0		
Hospice care not		Managed Care/HMO	0.0		,	Occupational Therapists	0.0		
appropriate	7.2%	PACE/Partnership	0.0	CASELOAD ON 12/33	1/01	Speech/Language			
Transferred:		Private Insurance	18.6	BY LIVING ARRANG	EMENTS	Pathologists	0.0		
care provided by		Self Pay	1.4	Private residence	e 66.7%	Bereavement Counselors	0.1		
another hospice	2.9	Other	0.0	Nursing home	33.3	Social Workers	0.6		
Revocation of		Total Admissions	70	Hospice res. fac	. 0.0	Dietary	0.0		
hospice benefit	1.4			Assisted living:		Volunteer Coordinator	0.5		
Other	0.0	DEATHS BY SITE		Residential car	re	Chaplain	0.0		
Deaths	88.4	OF OCCURRENCE		apt. complex		Clerical/Office Support	0.5		
Total Discharges	69	Private residence	82.0%	Adult family ho		Other	0.0		
		Nursing home	14.8	Community-based		Total FTEs	4.8		
DISCHARGES BY		Hospice res. fac.	0.0	res. facility					
LENGTH OF STAY		Assisted living:		Inpatient facilit	-	* Full-time equivalents	5		
1 - 7 days	18.8%	Residential care		Other site	0.0	1			
8 - 14 days	20.3		0.0	Caseload	6	Volunteers who served			
15 - 30 days	30.4	Adult family home	0.0			patients of the			
31 - 60 days	10.1	Community-based				hospice in 2001:	39		
61 - 90 days	7.2	res. facility	0.0			1.45			
91 - 180 days	10.1	Inpatient facility	3.3			Total hours of			
181 days - 1 year	0.0	Other site	0.0			service provided			
1 year or more	2.9	Total Deaths	61			during 2001 by these			
Total Discharges	69	<del> </del>				volunteers:	662		
	0,7					, 01 01100010	J J J		

St. Nicholas Hospit 1601 North Taylor D Sheboygan WI 53081	rive	Health & Hospice		County	e Number: :	532 Sheboygan	Page 45
Ownership of Hospic		- 1	t Church		•	1 Caseload:	17
Title 18 (Medicare)				<u>-</u>		ient Count for 2001:	120
Title 19 (Medicaid)					e Daily Ce		13
Licensed Hospice Re	sidentia	l Facility? No		Medicar	re Certifi	ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS O	F	REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN	T COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	37.5%	Medicare	94.1%
20 to 54	4.2	(cancer)	75.0%	Hospital	6.7	Medicaid	5.9
55 to 64	7.5	Cardiovascular		Self-referral	17.5	Medicare/Medicaid	0.0
65 to 74	30.8	disease	7.5	Patient's family	33.3	Managed Care/HMO	0.0
75 to 84	35.8	Pulmonary disease	2.5	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	19.2	Renal failure/		Nursing home	2.5	Private Insurance	0.0
95 & over	2.5	kidney disease	6.7	Other	2.5	Self Pay	0.0
Total Patients	120	Diabetes	0.8	Total Patients	120	Other	0.0
		Alzheimer's disease	0.8			Caseload	17
Male	47.5%	AIDS	0.0				
Female	52.5	ALS	0.0	PATIENT DAYS BY			
Total Patients	120	Other	6.7	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	120	Routine home care	99.6%	Administrators	0.6
TOTAL ADMISSIONS	116			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	IRCE	Inpatient care: acut	ce	Registered Nurses	2.9
TOTAL DISCHARGES	108	Medicare	87.9%	symptom mgmt	0.0	Lic. Prac. Nurses	0.3
		Medicaid	0.9	Respite care	0.3	Hospice Aides	0.3
REASON FOR DISCHARG	E	Medicare/Medicaid	0.0	Total Patient Days	4,824	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	-		Occupational Therapists	0.0
appropriate	5.6%	PACE/Partnership	0.0	CASELOAD ON 12/31/03	L	Speech/Language	
Transferred:		Private Insurance	11.2	BY LIVING ARRANGEMEN	NTS	Pathologists	0.0
care provided by		Self Pay	0.0	Private residence	52.9%	Bereavement Counselors	1.0
another hospice	0.0	Other	0.0	Nursing home	35.3	Social Workers	0.2
Revocation of		Total Admissions	116	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	0.0			Assisted living:		Volunteer Coordinator	0.1
Other	0.0	DEATHS BY SITE		Residential care		Chaplain	0.0
Deaths	94.4	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	0.3
Total Discharges	108	Private residence	70.6%	Adult family home	0.0	Other	0.0
		Nursing home	22.5	Community-based		Total FTEs	5.6
DISCHARGES BY		Hospice res. fac.	0.0	res. facility	11.8		
LENGTH OF STAY		Assisted living:		Inpatient facility	0.0	* Full-time equivalents	
1 - 7 days	28.7%	Residential care		Other site	0.0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
8 - 14 days	18.5	apt. complex	0.0	Caseload	17	Volunteers who served	
15 - 30 days	18.5	Adult family home	0.0			patients of the	
31 - 60 days	11.1	Community-based	- • •			hospice in 2001:	20
61 - 90 days	5.6	res. facility	5.9			11002100 111 2001	20
91 - 180 days	13.0	Inpatient facility	1.0			Total hours of	
181 days - 1 year	2.8	Other site	0.0			service provided	
1 year or more	1.9	Total Deaths	102			during 2001 by these	
Total Discharges	108	100a1 Deacin	102			volunteers:	538
TOCAL DISCHALGES	100					vorunceers.	550

VNA of Wisconsin Ho 2314 Kohler Memoria Sheboygan WI 53081	l Drive	eboygan		Coun	ense Number: aty: 0) 686-4314	529 Sheboygan	Page 46
Ownership of Hospic		<u>-</u>	it Corpora		ember 31, 200		30 271
Title 18 (Medicare) Title 19 (Medicaid)					-	ient Count for 2001:	33
					age Daily Ce		
Licensed Hospice Re	esidentia	l Facility? No		Medi	.care Certiii	ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS (		REFERRAL SOURCE C		CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN		UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATI		BY PAY SOURCE	
Under 20	1.1%	Malignant neoplasm		Physician	27.7%	Medicare	80.0%
20 to 54	7.4	(cancer)	64.6%	Hospital	51.3	Medicaid	6.7
55 to 64	10.3	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	21.0	disease	10.7	Patient's family	4.4	Managed Care/HMO	0.0
75 to 84	30.3	Pulmonary disease	4.4	Home health agenc	_	PACE/Partnership	0.0
85 to 94	25.8	Renal failure/		Nursing home	7.7	Private Insurance	13.3
95 & over	4.1	kidney disease	4.4	Other	0.4	Self Pay	0.0
Total Patients	271	Diabetes	0.0	Total Patients	271	Other	0.0
		Alzheimer's disease	2.2			Caseload	30
Male	53.1%	AIDS	0.0				
Female	46.9	ALS	0.0	PATIENT DAYS BY			
Total Patients	271	Other	13.7	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	271	Routine home care	98.6%	Administrators	1.0
TOTAL ADMISSIONS	243			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	JRCE	Inpatient care: a	cute	Registered Nurses	12.4
TOTAL DISCHARGES	243	Medicare	83.1%	symptom mgmt	1.0	Lic. Prac. Nurses	3.1
		Medicaid	1.6	Respite care	0.4	Hospice Aides	21.8
REASON FOR DISCHARG	ŧΕ	Medicare/Medicaid	0.0	Total Patient Day	rs 11,877	Physical Therapists	2.0
Hospice care not		Managed Care/HMO	0.8			Occupational Therapists	0.0
appropriate	0.8%	PACE/Partnership	0.0	CASELOAD ON 12/31	/01	Speech/Language	
Transferred:		Private Insurance	14.4	BY LIVING ARRANGE	EMENTS	Pathologists	0.0
care provided by		Self Pay	0.0	Private residence	76.7%	Bereavement Counselors	0.4
another hospice	0.8	Other	0.0	Nursing home	16.7	Social Workers	2.0
Revocation of		Total Admissions	243	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	4.1			Assisted living:		Volunteer Coordinator	0.6
Other	0.0	DEATHS BY SITE		Residential car	re	Chaplain	1.0
Deaths	94.2	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	0.0
Total Discharges	243	Private residence	69.4%	Adult family ho	ome 0.0	Other	0.0
_		Nursing home	20.1	Community-based		Total FTEs	44.2
DISCHARGES BY		Hospice res. fac.	0.0	res. facility			
LENGTH OF STAY		Assisted living:		Inpatient facilit		* Full-time equivalents	\$
1 - 7 days	29.6%	Residential care		Other site	0.0	-	
8 - 14 days	14.4	apt. complex	0.0	Caseload	30	Volunteers who served	
15 - 30 days	15.6	Adult family home	0.0			patients of the	
31 - 60 days	21.0	Community-based				hospice in 2001:	35
61 - 90 days	2.5	res. facility	2.2				22
91 - 180 days	9.1	Inpatient facility	8.3			Total hours of	
181 days - 1 year	6.2	Other site	0.0			service provided	
1 year or more	1.6	Total Deaths	229			during 2001 by these	
Total Discharges	243	100a1 Deachib	227			volunteers:	1 163

volunteers: 1,163

Total Discharges

Hope Hospice & Pall 657 McComb Avenue Rib Lake WI 54470	iative C	are, Inc.		Count	se Number: y: 427-3532	1517 Taylor	Page 47
Ownership of Hospic Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Re	Certifi Certifi	ed? Yes	t Corpor	Undup Avera	December 31, 2001 Caseload: Unduplicated Patient Count for 2001: Average Daily Census: Medicare Certified Inpatient Facility?		
AGE AND SEX OF		PRINCIPAL DIAGNOSIS O	F	REFERRAL SOURCE OF	•	CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN	T COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIE	NT COUNT	BY PAY SOURCE	
Under 20	1.5%	Malignant neoplasm		Physician	92.5%	Medicare	100.0%
20 to 54	3.0	(cancer)	56.7%	Hospital	0.0	Medicaid	0.0
55 to 64	7.5	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	26.9	disease	11.9	Patient's family	6.0	Managed Care/HMO	0.0
75 to 84	41.8	Pulmonary disease	1.5	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	14.9	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	4.5	kidney disease	4.5	Other	1.5	Self Pay	0.0
Total Patients	67	Diabetes	0.0	Total Patients	67	Other	0.0
		Alzheimer's disease	4.5			Caseload	11
Male	44.8%	AIDS	0.0				
Female	55.2	ALS	1.5	PATIENT DAYS BY			
Total Patients	67	Other	19.4	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	67	Routine home care	99.8%	Administrators	1.0
TOTAL ADMISSIONS	58			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	JRCE	Inpatient care: ac	ute	Registered Nurses	2.7
TOTAL DISCHARGES	58	Medicare	87.9%	symptom mgmt	0.0	Lic. Prac. Nurses	0.0
		Medicaid	1.7	Respite care	0.1	Hospice Aides	1.8
REASON FOR DISCHARG	E	Medicare/Medicaid	0.0	Total Patient Days	4,368	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	1.7	_		Occupational Therapists	0.0
appropriate	6.9%	PACE/Partnership	0.0	CASELOAD ON 12/31/	01	Speech/Language	
Transferred:		Private Insurance	8.6	BY LIVING ARRANGEM	ENTS	Pathologists	0.0
care provided by		Self Pay	0.0	Private residence	72.7%	Bereavement Counselors	0.2
another hospice	0.0	Other	0.0	Nursing home	27.3	Social Workers	0.2
Revocation of		Total Admissions	58	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	13.8			Assisted living:		Volunteer Coordinator	0.8
Other	0.0	DEATHS BY SITE		Residential care		Chaplain	0.3
Deaths	79.3	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	0.8
Total Discharges	58	Private residence	63.0%	Adult family hom	e 0.0	Other	0.0
_		Nursing home	32.6	Community-based		Total FTEs	7.8
DISCHARGES BY		Hospice res. fac.	0.0	res. facility	0.0		
LENGTH OF STAY		Assisted living:		Inpatient facility	0.0	* Full-time equivalents	5
1 - 7 days	10.3%	Residential care		Other site	0.0		
8 - 14 days	10.3	apt. complex	0.0	Caseload	11	Volunteers who served	
15 - 30 days	24.1	Adult family home	0.0			patients of the	
31 - 60 days	15.5	Community-based				hospice in 2001:	44
61 - 90 days	12.1	res. facility	4.3			-	
91 - 180 days	15.5	Inpatient facility	0.0			Total hours of	
181 days - 1 year	8.6	Other site	0.0			service provided	
1 year or more	3.4	Total Deaths	46			during 2001 by these	
Total Discharges	58					volunteers:	44
3 '							

Vernon Memorial Hos 507 South Main Stree Viroqua WI 54665	_			County	se Number: 7: 637-4362	514 Vernon	Page 48
Ownership of Hospic Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Re	Certifi Certifi	ed? Yes	t Corpora	Undup] Averaç	icated Pat ge Daily Ce	1 Caseload: ient Count for 2001: nsus: ed Inpatient Facility?	2 39 4 No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS O	F	REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN	T COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIEN	IT COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	56.4%	Medicare	100.0%
20 to 54	2.6	(cancer)	59.0%	Hospital	25.6	Medicaid	0.0
55 to 64	7.7	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	30.8	disease	15.4	Patient's family	5.1	Managed Care/HMO	0.0
75 to 84	30.8	Pulmonary disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	25.6	Renal failure/		Nursing home	5.1	Private Insurance	0.0
95 & over	2.6	kidney disease	2.6	Other	7.7	Self Pay	0.0
Total Patients	39	Diabetes	2.6	Total Patients	39	Other	0.0
		Alzheimer's disease	5.1			Caseload	2
Male	46.2%	AIDS	0.0				
Female	53.8	ALS	2.6	PATIENT DAYS BY			
Total Patients	39	Other	12.8	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	39	Routine home care	98.7%	Administrators	0.5
TOTAL ADMISSIONS	36			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU		Inpatient care: acu		Registered Nurses	1.0
TOTAL DISCHARGES	37	Medicare	88.9%	symptom mgmt	0.2	Lic. Prac. Nurses	0.0
		Medicaid	0.0	Respite care	1.1	Hospice Aides	0.6
REASON FOR DISCHARG	E	Medicare/Medicaid	0.0	Total Patient Days	1,615	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0			Occupational Therapists	0.0
appropriate	2.7%	PACE/Partnership	0.0	CASELOAD ON 12/31/0		Speech/Language	
Transferred:		Private Insurance	8.3	BY LIVING ARRANGEME	INTS	Pathologists	0.0
care provided by		Self Pay	2.8	Private residence	0.0%	Bereavement Counselors	0.2
another hospice	0.0	Other	0.0	Nursing home	100.0	Social Workers	0.4
Revocation of		Total Admissions	36	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	2.7			Assisted living:		Volunteer Coordinator	0.2
Other	0.0	DEATHS BY SITE		Residential care		Chaplain	0.0
Deaths	94.6	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	
Total Discharges	37	Private residence Nursing home	65.7% 25.7	Adult family home Community-based	0.0	Other Total FTEs	0.4 4.3
DISCHARGES BY		Hospice res. fac.	0.0	res. facility	0.0	10041 1115	1.5
LENGTH OF STAY		Assisted living:	0.0	Inpatient facility	0.0	* Full-time equivalents	2
1 - 7 days	27.0%	Residential care		Other site	0.0	ruii cime equivalence	•
8 - 14 days	5.4	apt. complex	0 0	Caseload	2	Volunteers who served	
15 - 30 days	16.2	Adult family home	0.0	Cabcida	2	patients of the	
31 - 60 days	21.6	Community-based	0.0			hospice in 2001:	9
61 - 90 days	13.5	res. facility	2.9			HODPICC III 2001.	,
91 - 180 days	8.1	Inpatient facility	5.7			Total hours of	
181 days - 1 year	8.1	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	35			during 2001 by these	
Total Discharges	37	<del></del>				volunteers:	252

Rolland Nelson Cros 1020 James Drive, S Hartland WI 53029		ospice		Cor	cense Number: unty: 62) 928-7444	527 Waukesha	Page 49
Ownership of Hospic Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Re	Certifi Certifi	ed? Yes	t Corpor	Uno Ave	December 31, 2001 Caseload: Unduplicated Patient Count for 2001: Average Daily Census: Medicare Certified Inpatient Facility?		
AGE AND SEX OF		PRINCIPAL DIAGNOSIS C	F	REFERRAL SOURCE	OF	CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN	T COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PA	TIENT COUNT	BY PAY SOURCE	
Under 20	0.6%	Malignant neoplasm		Physician	28.3%	Medicare	90.9%
20 to 54	8.1	(cancer)	68.6%	Hospital	39.5	Medicaid	0.0
55 to 64	10.1	Cardiovascular		Self-referral	0.8	Medicare/Medicaid	0.0
65 to 74	18.8	disease	11.5	Patient's family	•	Managed Care/HMO	0.0
75 to 84	38.9	Pulmonary disease	6.7	Home health age	ncy 1.7	PACE/Partnership	0.0
85 to 94	23.5	Renal failure/		Nursing home	13.2	Private Insurance	9.1
95 & over	0.0	kidney disease	2.0	Other	9.8	Self Pay	0.0
Total Patients	357	Diabetes	0.0	Total Patients	357	Other	0.0
		Alzheimer's disease	7.3			Caseload	33
Male	46.5%	AIDS	0.3				
Female	53.5	ALS	0.6	PATIENT DAYS BY			
Total Patients	357	Other	3.1	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	357	Routine home car		Administrators	2.0
TOTAL ADMISSIONS	323			Continuous care		Physicians	0.0
		ADMISSIONS BY PAY SOU		Inpatient care:		Registered Nurses	5.2
TOTAL DISCHARGES	327	Medicare	74.0%	symptom mgmt	0.2	Lic. Prac. Nurses	0.0
		Medicaid	1.5	Respite care	0.1	Hospice Aides	3.0
REASON FOR DISCHARG	E	Medicare/Medicaid	0.0	Total Patient Da	ays 14,922	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	4.3			Occupational Therapists	0.0
appropriate	3.7%	PACE/Partnership	0.0	CASELOAD ON 12/	•	Speech/Language	0 0
Transferred:		Private Insurance	18.0	BY LIVING ARRANG		Pathologists	0.0
care provided by		Self Pay	1.5	Private residence		Bereavement Counselors	0.4
another hospice	4.6	Other	0.6	Nursing home	33.3	Social Workers	1.0
Revocation of	2 1	Total Admissions	323	Hospice res. fac		Dietary	0.0
hospice benefit	3.1			Assisted living		Volunteer Coordinator	0.8
Other	0.0	DEATHS BY SITE		Residential ca		Chaplain	1.0
Deaths	88.7	OF OCCURRENCE	70 70	apt. complex		Clerical/Office Support	
Total Discharges	327	Private residence Nursing home	79.7% 16.6	Adult family l		Other Total FTEs	0.0
DIGGUADGEG DV		3	0.0	Community-base		lotal FIES	13.4
DISCHARGES BY LENGTH OF STAY		Hospice res. fac. Assisted living:	0.0	res. facilit Inpatient facili	-	* Full-time equivalents	
	26.28	Residential care		-	0.0 0.0	* Full-time equivalents	
1 - 7 days	26.3%		2 4	Other site		17-1	
8 - 14 days	19.9 18.7	apt. complex	3.4 0.0	Caseload	33	Volunteers who served patients of the	
15 - 30 days 31 - 60 days	20.5	Adult family home Community-based	0.0			hospice in 2001:	65
31 - 60 days 61 - 90 days	3.4	res. facility	0.0			Hospice in 2001.	05
91 - 90 days 91 - 180 days	8.3	Inpatient facility	0.0			Total hours of	
181 days - 1 year	3.1	Other site	0.3			service provided	
1 year or more	0.0	Total Deaths	290			during 2001 by these	
Total Discharges	327	TOTAL DEATHS	∠30			volunteers:	4,416
Total Discharges	341					AOTHICEELD.	I, ILU

Waupaca County DHHS, 811 Harding Street Waupaca WI 54981	/Hospice	Program		Cour	ense Number: nty: 5) 258-6323	536 Waupaca	Page 50
Ownership of Hospice Title 18 (Medicare)			ntal Cou	ty December 31, 2001 Caseload: Unduplicated Patient Count for 2001:			4 45
Title 10 (Medicare) Title 19 (Medicaid)					rage Daily Ce		5
Licensed Hospice Res						ed Inpatient Facility?	No
Licensed Hospice Res	sidelicia.	racility: NO		Medi	icare cerciii	ed impactenc facility:	NO
AGE AND SEX OF		PRINCIPAL DIAGNOSIS C	F	REFERRAL SOURCE C	OF	CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	r count	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATI	ENT COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	28.9%	Medicare	75.0%
20 to 54	6.7	(cancer)	82.2%	Hospital	31.1	Medicaid	0.0
55 to 64	22.2	Cardiovascular		Self-referral	2.2	Medicare/Medicaid	0.0
65 to 74	26.7	disease	11.1	Patient's family	22.2	Managed Care/HMO	0.0
75 to 84	22.2	Pulmonary disease	2.2	Home health agend	cy 4.4	PACE/Partnership	0.0
85 to 94	15.6	Renal failure/		Nursing home	4.4	Private Insurance	25.0
95 & over	6.7	kidney disease	2.2	Other	6.7	Self Pay	0.0
Total Patients	45	Diabetes	0.0	Total Patients	45	Other	0.0
		Alzheimer's disease	2.2			Caseload	4
Male	48.9%	AIDS	0.0				
Female	51.1	ALS	0.0	PATIENT DAYS BY			
Total Patients	45	Other	0.0	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	45	Routine home care	99.7%	Administrators	0.4
TOTAL ADMISSIONS	41			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	RCE	Inpatient care: a	acute	Registered Nurses	1.1
TOTAL DISCHARGES	41	Medicare	70.7%	symptom mgmt	0.0	Lic. Prac. Nurses	0.0
		Medicaid	7.3	Respite care	0.3	Hospice Aides	0.4
REASON FOR DISCHARGE	E	Medicare/Medicaid	0.0	Total Patient Day	rs 1,796	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	_		Occupational Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	CASELOAD ON 12/31	L/01	Speech/Language	
Transferred:		Private Insurance	19.5	BY LIVING ARRANGE	EMENTS	Pathologists	0.0
care provided by		Self Pay	0.0	Private residence	100.0%	Bereavement Counselors	0.4
another hospice	0.0	Other	2.4	Nursing home	0.0	Social Workers	0.4
Revocation of		Total Admissions	41	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	9.8			Assisted living:		Volunteer Coordinator	0.0
Other	0.0	DEATHS BY SITE		Residential car	re	Chaplain	0.0
Deaths	90.2	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	0.3
Total Discharges	41	Private residence	97.3%	Adult family ho		Other	0.0
3		Nursing home	2.7	Community-based		Total FTEs	3.0
DISCHARGES BY		Hospice res. fac.	0.0	res. facility			
LENGTH OF STAY		Assisted living:		Inpatient facilit	0.0	* Full-time equivalents	3
1 - 7 days	31.7%	Residential care		Other site	0.0	-	
8 - 14 days	12.2	apt. complex	0.0	Caseload	4	Volunteers who served	
15 - 30 days	19.5	Adult family home	0.0			patients of the	
31 - 60 days	17.1	Community-based				hospice in 2001:	38
61 - 90 days	12.2	res. facility	0.0				20
91 - 180 days	4.9	Inpatient facility	0.0			Total hours of	
181 days - 1 year	0.0	Other site	0.0			service provided	
1 year or more	2.4	Total Deaths	37			during 2001 by these	
Total Discharges	41	100a1 Deachib	5,			volunteers:	481
TOTAL DISCHALGES	41					vorunceers.	401

Thedacare at Home 201 East Bell Street Neenah WI 54957	Ē			Cor	cense Number: unty: 20) 969-0919	1504 Winnebago	Page 51
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Res	Certific Certific	ed? Yes	t Corpora	Uno Ave	December 31, 2001 Caseload: Unduplicated Patient Count for 2001: Average Daily Census: Medicare Certified Inpatient Facility?		
AGE AND SEX OF		PRINCIPAL DIAGNOSIS C	F	REFERRAL SOURCE	OF	CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	r count	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PA	TIENT COUNT	BY PAY SOURCE	
Under 20	0.7%	Malignant neoplasm		Physician	55.9%	Medicare	78.9%
20 to 54	8.0	(cancer)	75.9%	Hospital	40.1	Medicaid	2.6
55 to 64	11.0	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	22.4	disease	14.7	Patient's famil	y 0.0	Managed Care/HMO	7.9
75 to 84	37.1	Pulmonary disease	2.7	Home health age	ncy 0.7	PACE/Partnership	0.0
85 to 94	17.4	Renal failure/		Nursing home	3.3	Private Insurance	10.5
95 & over	3.3	kidney disease	2.0	Other	0.0	Self Pay	0.0
Total Patients	299	Diabetes	0.0	Total Patients	299	Other	0.0
		Alzheimer's disease	1.7			Caseload	38
Male	49.2%	AIDS	0.0				
Female	50.8	ALS	0.7	PATIENT DAYS BY			
Total Patients	299	Other	2.3	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	299	Routine home car		Administrators	2.0
TOTAL ADMISSIONS	253			Continuous care		Physicians	0.3
		ADMISSIONS BY PAY SOU	_	Inpatient care:	acute	Registered Nurses	10.5
TOTAL DISCHARGES	266	Medicare	75.9%	symptom mgmt	1.0	Lic. Prac. Nurses	0.0
		Medicaid	1.6	Respite care	0.6	Hospice Aides	7.3
REASON FOR DISCHARGE	Ξ	Medicare/Medicaid	0.8	Total Patient Da	ays 13,240	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	8.7			Occupational Therapists	0.0
appropriate	3.0%	PACE/Partnership	0.0	CASELOAD ON 12/	•	Speech/Language	
Transferred:		Private Insurance	12.6	BY LIVING ARRAN		Pathologists	0.0
care provided by		Self Pay	0.4	Private residen		Bereavement Counselors	0.3
another hospice	0.4	Other	0.0	Nursing home	0.0	Social Workers	1.5
Revocation of		Total Admissions	253	Hospice res. fa		Dietary	0.0
hospice benefit	1.9			Assisted living		Volunteer Coordinator	0.6
Other	0.0	DEATHS BY SITE		Residential ca		Chaplain	0.0
Deaths	94.7	OF OCCURRENCE		apt. comple:		Clerical/Office Support	
Total Discharges	266	Private residence	63.9%	Adult family 1		Other	0.0
		Nursing home	6.7	Community-base		Total FTEs	23.4
DISCHARGES BY		Hospice res. fac.	18.3	res. facili	-		
LENGTH OF STAY		Assisted living:		Inpatient facil		* Full-time equivalents	\$
1 - 7 days	28.2%	Residential care		Other site	0.0		
8 - 14 days	12.4	apt. complex		Caseload	38	Volunteers who served	
15 - 30 days	21.4	Adult family home	0.0			patients of the	
31 - 60 days	17.3	Community-based				hospice in 2001:	73
61 - 90 days	5.3	res. facility	10.3				
91 - 180 days	10.2	Inpatient facility	0.8			Total hours of	
181 days - 1 year	4.9	Other site	0.0			service provided	
1 year or more	0.4	Total Deaths	252			during 2001 by these	
Total Discharges	266					volunteers:	3,334

Affinity Visiting No. 515 South Washburn, Oshkosh WI 54904		License County: (920) 2	Number: 36-8500	1526 Winnebago	Page 52			
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Res	t Church,	/Corporation	Unduplio Average	cated Pata Daily Cer	l Caseload: ient Count for 2001: nsus: ed Inpatient Facility?	18 202 25 No		
AGE AND SEX OF		PRINCIPAL DIAGNOSIS O		REFERRAL SOU			CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT		UNDUPLICATED PATIENT	COUNT	UNDUPLICATED	PATIENT		BY PAY SOURCE	
Under 20	1.5%	Malignant neoplasm		Physician		59.4%	Medicare	88.9%
20 to 54	6.4	(cancer)	71.3%	Hospital		31.2	Medicaid	0.0
55 to 64	10.9	Cardiovascular		Self-referra		0.0	Medicare/Medicaid	0.0
65 to 74	20.8	disease	10.9	Patient's fa	-	1.0	Managed Care/HMO	11.1
75 to 84	33.2	Pulmonary disease	2.0	Home health		1.5	PACE/Partnership	0.0
85 to 94	24.3	Renal failure/		Nursing home	!	5.9	Private Insurance	0.0
95 & over	3.0	kidney disease	1.5	Other		1.0	Self Pay	0.0
Total Patients	202	Diabetes	0.0	Total Patien	ts	202	Other	0.0
		Alzheimer's disease	5.9				Caseload	18
Male	47.5%	AIDS	0.0					
Female	52.5	ALS	0.0	PATIENT DAYS	BY			
Total Patients	202	Other	8.4	LEVEL OF CAR	E		STAFFING	FTEs*
		Total Patients	202	Routine home	care	99.6%	Administrators	1.0
TOTAL ADMISSIONS	183			Continuous c	are	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	RCE	Inpatient ca	re: acut	е	Registered Nurses	3.8
TOTAL DISCHARGES	191	Medicare	80.9%	symptom mg	mt	0.2	Lic. Prac. Nurses	0.0
		Medicaid	3.3	Respite care	:	0.2	Hospice Aides	1.2
REASON FOR DISCHARG	E	Medicare/Medicaid	0.0	Total Patien	t Days	9,117	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	14.8				Occupational Therapists	0.0
appropriate	8.4%	PACE/Partnership	0.0	CASELOAD ON	12/31/01		Speech/Language	
Transferred:		Private Insurance	1.1	BY LIVING AR	RANGEMEN'	TS	Pathologists	0.0
care provided by		Self Pay	0.0	Private resi	dence	94.4%	Bereavement Counselors	0.7
another hospice	1.6	Other	0.0	Nursing home	:	5.6	Social Workers	1.5
Revocation of		Total Admissions	183	Hospice res.	fac.	0.0	Dietary	0.0
hospice benefit	6.3			Assisted liv	ing:		Volunteer Coordinator	0.4
Other	0.0	DEATHS BY SITE		Residentia	l care		Chaplain	0.6
Deaths	83.8	OF OCCURRENCE		apt. com	plex	0.0	Clerical/Office Support	1.8
Total Discharges	191	Private residence	74.4%	Adult fami	ly home	0.0	Other	0.0
		Nursing home	14.4	Community-	based		Total FTEs	11.0
DISCHARGES BY		Hospice res. fac.	0.0	res. fac	ility	0.0		
LENGTH OF STAY		Assisted living:		Inpatient fa	cility.	0.0	* Full-time equivalents	
1 - 7 days	23.6%	Residential care		Other site		0.0		
8 - 14 days	14.1	apt. complex	0.6	Caseload		18	Volunteers who served	
15 - 30 days	18.8	Adult family home	0.0				patients of the	
31 - 60 days	16.2	Community-based					hospice in 2001:	45
61 - 90 days	12.6	res. facility	8.1				_	
91 - 180 days	9.9	Inpatient facility	2.5				Total hours of	
181 days - 1 year	4.2	Other site	0.0				service provided	
1 year or more	0.5	Total Deaths	160				during 2001 by these	
Total Discharges	191						volunteers:	541
-								

Ministry Home Care, 303 West Upham, Sui Marshfield WI 5444	te 200			License Number: 1516 Page 53 County: Wood (715) 387-7052				
Ownership of Hospic		_	t Church,	/Corporation		•	1 Caseload:	43
Title 18 (Medicare)					_		ient Count for 2001:	259
Title 19 (Medicaid)						Daily Cer		40
Licensed Hospice Re	sidentia	l Facility? Yes			Medicar	e Certifi	ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS O	F	REFERRAL SOU	RCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN	T COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED	PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.4%	Malignant neoplasm		Physician		89.6%	Medicare	88.4%
20 to 54	6.9	(cancer)	71.4%	Hospital		5.0	Medicaid	2.3
55 to 64	12.0	Cardiovascular		Self-referra	1	0.0	Medicare/Medicaid	0.0
65 to 74	20.1	disease	10.0	Patient's fa	mily	1.5	Managed Care/HMO	0.0
75 to 84	38.2	Pulmonary disease	7.7	Home health	agency	1.2	PACE/Partnership	0.0
85 to 94	19.3	Renal failure/		Nursing home	<u> </u>	2.7	Private Insurance	9.3
95 & over	3.1	kidney disease	2.3	Other		0.0	Self Pay	0.0
Total Patients	259	Diabetes	0.4	Total Patien	ıts	259	Other	0.0
		Alzheimer's disease	1.9				Caseload	43
Male	42.9%	AIDS	0.0					
Female	57.1	ALS	1.2	PATIENT DAYS	BY			
Total Patients	259	Other	5.0	LEVEL OF CAR	E		STAFFING	FTEs*
		Total Patients	259	Routine home	care	98.0%	Administrators	2.6
TOTAL ADMISSIONS	227			Continuous c	are	0.0	Physicians	0.3
		ADMISSIONS BY PAY SOU	JRCE	Inpatient ca	re: acut	е	Registered Nurses	4.6
TOTAL DISCHARGES	219	Medicare	81.9%	symptom mg	rmt	2.0	Lic. Prac. Nurses	0.0
		Medicaid	4.0	Respite care		0.0	Hospice Aides	1.6
REASON FOR DISCHARG	E	Medicare/Medicaid	0.0	Total Patien	it Days	14,520	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0				Occupational Therapists	0.0
appropriate	1.4%	PACE/Partnership	0.0	CASELOAD ON	12/31/01		Speech/Language	
Transferred:		Private Insurance	13.2	BY LIVING AR	RANGEMEN	TS	Pathologists	0.0
care provided by		Self Pay	0.9	Private resi	dence	69.8%	Bereavement Counselors	1.0
another hospice	1.4	Other	0.0	Nursing home	<u>:</u>	14.0	Social Workers	2.0
Revocation of		Total Admissions	227	Hospice res.	fac.	16.3	Dietary	0.0
hospice benefit	3.2			Assisted liv			Volunteer Coordinator	1.0
Other	0.0	DEATHS BY SITE		Residentia	l care		Chaplain	1.0
Deaths	94.1	OF OCCURRENCE		apt. com	plex	0.0	Clerical/Office Support	2.0
Total Discharges	219	Private residence	37.4%	Adult fami	ly home	0.0	Other	0.0
_		Nursing home	12.1	Community-			Total FTEs	16.1
DISCHARGES BY		Hospice res. fac.	36.9	res. fac	ility	0.0		
LENGTH OF STAY		Assisted living:		Inpatient fa	cility	0.0	* Full-time equivalents	5
1 - 7 days	20.1%	Residential care		Other site	-	0.0	-	
8 - 14 days	17.4	apt. complex	0.5	Caseload		43	Volunteers who served	
15 - 30 days	19.6	Adult family home	0.0				patients of the	
31 - 60 days	15.5	Community-based					hospice in 2001:	103
61 - 90 days	9.1	res. facility	1.0				-	
91 - 180 days	10.5	Inpatient facility	12.1				Total hours of	
181 days - 1 year	6.4	Other site	0.0				service provided	
1 year or more	1.4	Total Deaths	206				during 2001 by these	
Total Discharges	219						volunteers:	3,967
3								•

Hospice of Dubuque 2255 JFK Road, Asbu Dubuque IA 52002	ıry Squar	e		License Number: 562 County: Out of State (563) 582-1220			Page 54	
Ownership of Hospic Title 18 (Medicare)		_	it Corpora	ation			l Caseload: ient Count for 2001:	3 11
Title 19 (Medicaid)					_	Daily Cer		2
Licensed Hospice Re	esidentia	l Facility? No			Medicare	e Certifi	ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS	OF	REFERRAL SOU	RCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN	NT COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED	PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician		18.2%	Medicare	100.0%
20 to 54	0.0	(cancer)	100.0%	Hospital		18.2	Medicaid	0.0
55 to 64	9.1	Cardiovascular		Self-referra		9.1	Medicare/Medicaid	0.0
65 to 74	27.3	disease	0.0	Patient's far	mily	18.2	Managed Care/HMO	0.0
75 to 84	45.5	Pulmonary disease	0.0	Home health a	agency	9.1	PACE/Partnership	0.0
85 to 94	18.2	Renal failure/		Nursing home		27.3	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Other		0.0	Self Pay	0.0
Total Patients	11	Diabetes	0.0	Total Patient	ts	11	Other	0.0
		Alzheimer's disease	0.0				Caseload	3
Male	18.2%	AIDS	0.0					
Female	81.8	ALS	0.0	PATIENT DAYS	BY			
Total Patients	11	Other	0.0	LEVEL OF CAR	E		STAFFING	FTEs*
		Total Patients	11	Routine home	care	100.0%	Administrators	0.2
TOTAL ADMISSIONS	7			Continuous ca	are	0.0	Physicians	0.0
		ADMISSIONS BY PAY SO	URCE	Inpatient car	re: acute	2	Registered Nurses	1.2
TOTAL DISCHARGES	8	Medicare	85.7%	symptom mg	mt	0.0	Lic. Prac. Nurses	0.0
		Medicaid	0.0	Respite care		0.0	Hospice Aides	0.2
REASON FOR DISCHARG	3E	Medicare/Medicaid	0.0	Total Patient	t Days	704	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0				Occupational Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	CASELOAD ON :	12/31/01		Speech/Language	
Transferred:		Private Insurance	14.3	BY LIVING AR	RANGEMENT	rs	Pathologists	0.0
care provided by		Self Pay	0.0	Private resid	dence	33.3%	Bereavement Counselors	0.1
another hospice	0.0	Other	0.0	Nursing home		33.3	Social Workers	0.3
Revocation of		Total Admissions	7	Hospice res.	fac.	0.0	Dietary	0.0
hospice benefit	0.0			Assisted liv	_		Volunteer Coordinator	0.1
Other	0.0	DEATHS BY SITE		Residentia:	l care		Chaplain	0.1
Deaths	100.0	OF OCCURRENCE		apt. com	plex	0.0	Clerical/Office Support	0.5
Total Discharges	8	Private residence	50.0%	Adult fami		0.0	Other	0.0
		Nursing home	37.5	Community-	based		Total FTEs	2.6
DISCHARGES BY		Hospice res. fac.	0.0	res. fac:	ility	0.0		
LENGTH OF STAY		Assisted living:		Inpatient fac	cility	0.0	* Full-time equivalents	5
1 - 7 days	25.0%	Residential care		Other site		33.3		
8 - 14 days	25.0	apt. complex		Caseload		3	Volunteers who served	
15 - 30 days	12.5	Adult family home	0.0				patients of the	
31 - 60 days	12.5	Community-based					hospice in 2001:	12
61 - 90 days	0.0	res. facility	0.0					
91 - 180 days	12.5	Inpatient facility	0.0				Total hours of	
181 days - 1 year	0.0	Other site	12.5				service provided	
1 year or more	12.5	Total Deaths	8				during 2001 by these	
Total Discharges	8						volunteers:	129

SMDC Hospice & Palli 407 East Third Stree Duluth MN 55805		are	County:	License Number: 535 County: Out of State (218) 786-4020			
Ownership of Hospice			Nonprofit			1 Caseload:	17
Title 18 (Medicare)				-		ient Count for 2001:	115
Title 19 (Medicaid)					Daily Ce		18
Licensed Hospice Res	sidentia	l Facility? No		Medicar	re Certifi	ed Inpatient Facility?	Yes
AGE AND SEX OF		PRINCIPAL DIAGNOSIS O	F	REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	r count	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	56.5%	Medicare	76.5%
20 to 54	7.0	(cancer)	50.4%	Hospital	10.4	Medicaid	0.0
55 to 64	20.9	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	13.0	disease	17.4	Patient's family	5.2	Managed Care/HMO	0.0
75 to 84	33.9	Pulmonary disease	5.2	Home health agency	0.9	PACE/Partnership	0.0
85 to 94	25.2	Renal failure/		Nursing home	19.1	Private Insurance	11.8
95 & over	0.0	kidney disease	1.7	Other	7.8	Self Pay	0.0
Total Patients	115	Diabetes	0.9	Total Patients	115	Other	11.8
		Alzheimer's disease	2.6			Caseload	17
Male	53.0%	AIDS	0.0				
Female	47.0	ALS	0.0	PATIENT DAYS BY			
Total Patients	115	Other	21.7	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	115	Routine home care	98.2%	Administrators	0.2
TOTAL ADMISSIONS	104			Continuous care	0.0	Physicians	0.1
		ADMISSIONS BY PAY SOU	JRCE	Inpatient care: acut	e	Registered Nurses	1.3
TOTAL DISCHARGES	101	Medicare	83.7%	symptom mgmt	1.7	Lic. Prac. Nurses	0.0
		Medicaid	5.8	Respite care	0.1	Hospice Aides	1.2
REASON FOR DISCHARGE	Ξ	Medicare/Medicaid	0.0	Total Patient Days	6,554	Physical Therapists	0.1
Hospice care not		Managed Care/HMO	0.0			Occupational Therapists	0.0
appropriate	5.0%	PACE/Partnership	0.0	CASELOAD ON 12/31/01	L	Speech/Language	
Transferred:		Private Insurance	8.7	BY LIVING ARRANGEMEN	ITS	Pathologists	0.0
care provided by		Self Pay	0.0	Private residence	70.6%	Bereavement Counselors	0.2
another hospice	0.0	Other	1.9	Nursing home	29.4	Social Workers	0.8
Revocation of		Total Admissions	104	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	5.0			Assisted living:		Volunteer Coordinator	0.0
Other	5.0	DEATHS BY SITE		Residential care		Chaplain	0.0
Deaths	85.1	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	0.3
Total Discharges	101	Private residence	51.2%	Adult family home	0.0	Other	0.0
		Nursing home	34.9	Community-based		Total FTEs	4.0
DISCHARGES BY		Hospice res. fac.	0.0	res. facility	0.0		
LENGTH OF STAY		Assisted living:		Inpatient facility	0.0	* Full-time equivalents	
1 - 7 days	31.7%	Residential care		Other site	0.0		
8 - 14 days	20.8	apt. complex	0.0	Caseload	17	Volunteers who served	
15 - 30 days	15.8	Adult family home	0.0			patients of the	
31 - 60 days	15.8	Community-based				hospice in 2001:	13
61 - 90 days	5.9	res. facility	0.0				
91 - 180 days	7.9	Inpatient facility	14.0			Total hours of	
181 days - 1 year	2.0	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	86			during 2001 by these	
Total Discharges	101					volunteers:	748
=							

St. Luke's Hospice 1 220 North 6th Avenue Duluth MN 55805			License Number: 537 Page 56 County: Out of State (218) 279-6100					
Ownership of Hospice Title 18 (Medicare)		-	t Corpora				l Caseload: ient Count for 2001:	3 15
Title 19 (Medicaid)			Average Daily Cer				2	
Licensed Hospice Res							ed Inpatient Facility?	Yes
AGE AND SEX OF		PRINCIPAL DIAGNOSIS (	F	REFERRAL SOUR	CE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	r count	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED	PATIENT C	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician		80.0%	Medicare	100.0%
20 to 54	0.0	(cancer)	86.7%	Hospital		20.0	Medicaid	0.0
55 to 64	26.7	Cardiovascular		Self-referral		0.0	Medicare/Medicaid	0.0
65 to 74	33.3	disease	0.0	Patient's fam	-	0.0	Managed Care/HMO	0.0
75 to 84	6.7	Pulmonary disease	6.7	Home health a	gency	0.0	PACE/Partnership	0.0
85 to 94	33.3	Renal failure/		Nursing home		0.0	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Other		0.0	Self Pay	0.0
Total Patients	15	Diabetes	0.0	Total Patient	.S	15	Other	0.0
		Alzheimer's disease	0.0				Caseload	3
Male	40.0%	AIDS	0.0					
Female	60.0	ALS	0.0	PATIENT DAYS			4-1	
Total Patients	15	Other	6.7	LEVEL OF CARE		00 00	STAFFING	FTEs*
momar abutaatoua	1.4	Total Patients	15	Routine home		99.3%	Administrators	0.5
TOTAL ADMISSIONS	14	ADMICATIONA DV DAV GOT	TD CE	Continuous ca		0.0	Physicians	0.0
MOMAL DISCUIADORS	12	ADMISSIONS BY PAY SOU Medicare	85.7%	Inpatient car		0.7	Registered Nurses Lic. Prac. Nurses	0.5 0.0
TOTAL DISCHARGES	12	Medicaid	7.1	symptom mgm Respite care	IL	0.7	Hospice Aides	0.0
REASON FOR DISCHARGE		Medicard/Medicaid	0.0	-	Dorra	810	Physical Therapists	0.2
Hospice care not	<u>.</u>	Managed Care/HMO	0.0	Total Patient	Days	010	Occupational Therapists	
appropriate	0.0%	PACE/Partnership	0.0	CASELOAD ON 1	2/21/01		Speech/Language	0.0
Transferred:	0.0%	Private Insurance	7.1	BY LIVING ARR		•	Pathologists	0.0
care provided by		Self Pay	0.0	Private resid		, .00.0%	Bereavement Counselors	0.0
another hospice	0.0	Other	0.0	Nursing home	ience i	0.0	Social Workers	0.0
Revocation of	0.0	Total Admissions	14	Hospice res.	fac	0.0	Dietary	0.0
hospice benefit	8.3	TOTAL AUMISSIONS	7.4	Assisted livi		0.0	Volunteer Coordinator	0.0
Other	0.0	DEATHS BY SITE		Residential	_		Chaplain	0.0
Deaths	91.7	OF OCCURRENCE		apt. comp		0.0	Clerical/Office Support	
Total Discharges	12	Private residence	90.9%	Adult famil		0.0	Other	0.0
Total Discharges	12	Nursing home	0.0	Community-b	4	0.0	Total FTEs	1.7
DISCHARGES BY		Hospice res. fac.	0.0	res. faci		0.0	10001 1125	<b>±•</b> ,
LENGTH OF STAY		Assisted living:	0.0	Inpatient fac	-	0.0	* Full-time equivalents	
1 - 7 days	25.0%	Residential care		Other site	11107	0.0	rarr orms equivarence	
8 - 14 days	16.7	apt. complex	0.0	Caseload		3	Volunteers who served	
15 - 30 days	41.7	Adult family home	0.0	2		-	patients of the	
31 - 60 days	0.0	Community-based					hospice in 2001:	4
61 - 90 days	0.0	res. facility	0.0					-
91 - 180 days	16.7	Inpatient facility	9.1				Total hours of	
181 days - 1 year	0.0	Other site	0.0				service provided	
1 year or more	0.0	Total Deaths	11				during 2001 by these	
Total Discharges	12						volunteers:	248

Marquette General Ho Doctor's Park, Suite Escanaba MI 49829		th & Hospice		County	e Number: : 963-7877	551 Out of State	Page 57
Ownership of Hospice			Nonprofit		•	1 Caseload:	0
Title 18 (Medicare)				<u>-</u>		ient Count for 2001:	16
Title 19 (Medicaid)					e Daily Ce		2
Licensed Hospice Rea	sidentia.	l Facility? No		Medica	re Certifi	ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS	OF	REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN	T COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	T COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	31.3%	Medicare	0.0%
20 to 54	6.3	(cancer)	81.3%	Hospital	50.0	Medicaid	0.0
55 to 64	18.8	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	37.5	disease	0.0	Patient's family	12.5	Managed Care/HMO	0.0
75 to 84	37.5	Pulmonary disease	6.3	Home health agency	6.3	PACE/Partnership	0.0
85 to 94	0.0	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	0.0	kidney disease	6.3	Other	0.0	Self Pay	0.0
Total Patients	16	Diabetes	0.0	Total Patients	16	Other	0.0
		Alzheimer's disease	0.0			Caseload	0
Male	87.5%	AIDS	0.0				
Female	12.5	ALS	0.0	PATIENT DAYS BY			
Total Patients	16	Other	6.3	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	16	Routine home care	100.0%	Administrators	0.1
TOTAL ADMISSIONS	15			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SO	URCE	Inpatient care: acu	te	Registered Nurses	0.1
TOTAL DISCHARGES	16	Medicare	73.3%	symptom mgmt	0.0	Lic. Prac. Nurses	0.0
		Medicaid	6.7	Respite care	0.0	Hospice Aides	0.0
REASON FOR DISCHARG	E	Medicare/Medicaid	0.0	Total Patient Days	605	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0			Occupational Therapists	
appropriate	0.0%	PACE/Partnership	0.0	CASELOAD ON 12/31/0	1	Speech/Language	
Transferred:		Private Insurance	13.3	BY LIVING ARRANGEME		Pathologists	0.0
care provided by		Self Pay	6.7	Private residence	0.0%	Bereavement Counselors	0.0
another hospice	0.0	Other	0.0	Nursing home	0.0	Social Workers	0.0
Revocation of		Total Admissions	15	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	0.0	rotar namibbronb	13	Assisted living:	0.0	Volunteer Coordinator	0.0
Other	6.3	DEATHS BY SITE		Residential care		Chaplain	0.0
Deaths	93.8	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	
Total Discharges	16	Private residence	100.0%	Adult family home		Other	0.0
10tal Dibonargeb	10	Nursing home	0.0	Community-based	0.0	Total FTEs	0.1
DISCHARGES BY		Hospice res. fac.	0.0	res. facility	0.0	10001 1115	0.1
LENGTH OF STAY		Assisted living:	0.0	Inpatient facility	0.0	* Full-time equivalents	
1 - 7 days	31.3%	Residential care		Other site	0.0	rarr crine equivarenes	
8 - 14 days	12.5	apt. complex	0.0	Caseload	0.0	Volunteers who served	
15 - 30 days	18.8	Adult family home	0.0	Cascidad	U	patients of the	
31 - 60 days	18.8	Community-based	0.0			hospice in 2001:	3
61 - 90 days	6.3		0.0			HOSPICE III ZUUI.	3
-		res. facility				Total hours of	
91 - 180 days	12.5	Inpatient facility	0.0			Total hours of	
181 days - 1 year	0.0	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	15			during 2001 by these	2.0
Total Discharges	16					volunteers:	32

Red Wing Regional E 1407 West 4th Stree Red Wing MN 55066	_	x 134		County	e Number: : 385-3410	540 Out of State	Page 58
Ownership of Hospic			Nonprofit			1 Caseload:	2
Title 18 (Medicare)			<u>-</u>			ient Count for 2001:	8
Title 19 (Medicaid)				9	e Daily Ce		1
Licensed Hospice Re	esidentia.	l Facility? No		Medica	re Certifi	ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS (	OF	REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN	T COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	I COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	50.0%	Medicare	50.0%
20 to 54	25.0	(cancer)	87.5%	Hospital	37.5	Medicaid	0.0
55 to 64	12.5	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	25.0	disease	0.0	Patient's family	12.5	Managed Care/HMO	0.0
75 to 84	25.0	Pulmonary disease	12.5	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	12.5	Renal failure/		Nursing home	0.0	Private Insurance	50.0
95 & over	0.0	kidney disease	0.0	Other	0.0	Self Pay	0.0
Total Patients	8	Diabetes	0.0	Total Patients	8	Other	0.0
		Alzheimer's disease	0.0			Caseload	2
Male	62.5%	AIDS	0.0				
Female	37.5	ALS	0.0	PATIENT DAYS BY			
Total Patients	8	Other	0.0	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	8	Routine home care	100.0%	Administrators	1.0
TOTAL ADMISSIONS	7			Continuous care	0.0	Physicians	1.0
	•	ADMISSIONS BY PAY SOU	JRCE	Inpatient care: acu		Registered Nurses	0.1
TOTAL DISCHARGES	6	Medicare	57.1%	symptom mgmt	0.0	Lic. Prac. Nurses	0.0
	· ·	Medicaid	0.0	Respite care	0.0	Hospice Aides	0.1
REASON FOR DISCHARG	2F	Medicare/Medicaid	0.0	Total Patient Days	412	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Total Tatlent Days	112	Occupational Therapists	
appropriate	0.0%	PACE/Partnership	0.0	CASELOAD ON 12/31/0	1	Speech/Language	0.0
Transferred:	0.0%	Private Insurance	42.9	BY LIVING ARRANGEMEN		Pathologists	0.0
		Self Pay	0.0	Private residence	100.0%	Bereavement Counselors	0.0
care provided by	0 0	Other	0.0		0.0	Social Workers	0.0
another hospice	0.0			Nursing home			
Revocation of	0 0	Total Admissions	7	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	0.0	DD1 MUG DU GTMD		Assisted living:		Volunteer Coordinator	0.0
Other	0.0	DEATHS BY SITE		Residential care	0 0	Chaplain	0.0
Deaths	100.0	OF OCCURRENCE	100 00	apt. complex	0.0	Clerical/Office Support	
Total Discharges	6	Private residence	100.0%	Adult family home	0.0	Other	0.0
		Nursing home	0.0	Community-based		Total FTEs	2.3
DISCHARGES BY		Hospice res. fac.	0.0	res. facility	0.0		
LENGTH OF STAY		Assisted living:		Inpatient facility	0.0	* Full-time equivalents	5
1 - 7 days	33.3%	Residential care		Other site	0.0		
8 - 14 days	33.3	apt. complex	0.0	Caseload	2	Volunteers who served	
15 - 30 days	0.0	Adult family home	0.0			patients of the	
31 - 60 days	16.7	Community-based				hospice in 2001:	0
61 - 90 days	0.0	res. facility	0.0				
91 - 180 days	16.7	Inpatient facility	0.0			Total hours of	
181 days - 1 year	0.0	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	6			during 2001 by these	
Total Discharges	6					volunteers:	0
-							

Mayo Hospice Program 200 1st Street South Rochester MN 55905			Co	License Number: 534 Pa County: Out of State (507) 284-4002			
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Res	Certific Certific	ed? Yes	t Corpora	Ur As	December 31, 2001 Caseload: Unduplicated Patient Count for 2001: Average Daily Census: Medicare Certified Inpatient Facility?		
AGE AND SEX OF		PRINCIPAL DIAGNOSIS C		REFERRAL SOURCE	-	CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT		UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PA		BY PAY SOURCE	
Under 20	0.5%	Malignant neoplasm		Physician	45.0%	Medicare	60.0%
20 to 54	10.5	(cancer)	75.0%	Hospital	0.0	Medicaid	28.0
55 to 64	15.0	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	24.0	disease	7.0	Patient's famil	-	Managed Care/HMO	0.0
75 to 84	31.5	Pulmonary disease	4.5	Home health age	ency 0.0	PACE/Partnership	0.0
85 to 94	16.0	Renal failure/		Nursing home	0.0	Private Insurance	12.0
95 & over	2.5	kidney disease	2.0	Other	32.0	Self Pay	0.0
Total Patients	200	Diabetes	0.0	Total Patients	200	Other	0.0
		Alzheimer's disease	5.0			Caseload	25
Male	51.5%	AIDS	0.5				
Female	48.5	ALS	1.0	PATIENT DAYS BY	Z .		
Total Patients	200	Other	5.0	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	200	Routine home ca		Administrators	0.2
TOTAL ADMISSIONS	187			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOU	RCE	Inpatient care:	: acute	Registered Nurses	1.4
TOTAL DISCHARGES	183	Medicare	64.2%	symptom mgmt	1.8	Lic. Prac. Nurses	1.3
		Medicaid	1.1	Respite care	0.6	Hospice Aides	0.0
REASON FOR DISCHARGE	E	Medicare/Medicaid	14.4	Total Patient I	Days 12,068	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0			Occupational Therapists	0.0
appropriate	2.7%	PACE/Partnership	0.0	CASELOAD ON 12/	/31/01	Speech/Language	
Transferred:		Private Insurance	20.3	BY LIVING ARRAN	NGEMENTS	Pathologists	0.0
care provided by		Self Pay	0.0	Private resider	nce 60.0%	Bereavement Counselors	0.1
another hospice	0.5	Other	0.0	Nursing home	28.0	Social Workers	0.5
Revocation of		Total Admissions	187	Hospice res. fa	ac. 0.0	Dietary	0.0
hospice benefit	7.7			Assisted living	g:	Volunteer Coordinator	0.0
Other	0.0	DEATHS BY SITE		Residential o	care	Chaplain	0.0
Deaths	89.1	OF OCCURRENCE		apt. comple	ex 12.0	Clerical/Office Support	0.0
Total Discharges	183	Private residence	65.0%	Adult family	home 0.0	Other	0.0
		Nursing home	18.4	Community-bas	sed	Total FTEs	3.5
DISCHARGES BY		Hospice res. fac.	0.0	res. facili	ity 0.0		
LENGTH OF STAY		Assisted living:		Inpatient facil	lity 0.0	* Full-time equivalents	
1 - 7 days	16.9%	Residential care		Other site	0.0		
8 - 14 days	8.2	apt. complex	5.5	Caseload	25	Volunteers who served	
15 - 30 days	24.0	Adult family home	0.0			patients of the	
31 - 60 days	21.3	Community-based				hospice in 2001:	4
61 - 90 days	10.9	res. facility	0.0			_	
91 - 180 days	12.0	Inpatient facility	11.0			Total hours of	
181 days - 1 year	4.9	Other site	0.0			service provided	
1 year or more	1.6	Total Deaths	163			during 2001 by these	
Total Discharges	183					volunteers:	69
_							

Lakeview Hospice 5610 Norwich Parkway Stillwater MN 55082				License Number: 548 County: Out of State (651) 430-3320			
Ownership of Hospice Title 18 (Medicare) Title 19 (Medicaid) Licensed Hospice Res	Certifie Certifie	ed? Yes	t Corpora	Ţ Z	Average Daily Co	tient Count for 2001:	15 95 12 No
AGE AND SEX OF			PRINCIPAL DIAGNOSIS OF REFERRAL SOU			CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED E	PATIENT COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	10.5%	Medicare	86.7%
20 to 54	5.3	(cancer)	52.6%	Hospital	64.2	Medicaid	0.0
55 to 64	10.5	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	21.1	disease	31.6	Patient's fami	ily 0.0	Managed Care/HMO	0.0
75 to 84	27.4	Pulmonary disease	10.5	Home health ag	gency 4.2	PACE/Partnership	0.0
85 to 94	24.2	Renal failure/		Nursing home	15.8	Private Insurance	13.3
95 & over	11.6	kidney disease	2.1	Other	5.3	Self Pay	0.0
Total Patients	95	Diabetes	0.0	Total Patients	95	Other	0.0
		Alzheimer's disease	3.2			Caseload	15
Male	56.8%	AIDS	0.0				
Female	43.2	ALS	0.0	PATIENT DAYS E	BY		
Total Patients	95	Other	0.0	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	95	Routine home of	care 99.4%	Administrators	1.8
TOTAL ADMISSIONS	78			Continuous car		Physicians	0.0
		ADMISSIONS BY PAY SOU	RCE	Inpatient care	e: acute	Registered Nurses	2.0
TOTAL DISCHARGES	80	Medicare	80.8%	symptom mgmt	0.0	Lic. Prac. Nurses	0.0
		Medicaid	0.0	Respite care	0.6	Hospice Aides	2.0
REASON FOR DISCHARGE	2	Medicare/Medicaid	0.0	Total Patient	Days 4,270	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0			Occupational Therapists	0.0
appropriate	11.3%	PACE/Partnership	0.0	CASELOAD ON 12	2/31/01	Speech/Language	
Transferred:		Private Insurance	19.2	BY LIVING ARRA	ANGEMENTS	Pathologists	0.0
care provided by		Self Pay	0.0	Private reside	ence 100.0%	Bereavement Counselors	0.2
another hospice	0.0	Other	0.0	Nursing home	0.0	Social Workers	0.5
Revocation of		Total Admissions	78	Hospice res. f	Eac. 0.0	Dietary	0.0
hospice benefit	0.0			Assisted livir		Volunteer Coordinator	0.8
Other	0.0	DEATHS BY SITE		Residential	_	Chaplain	0.5
Deaths	88.8	OF OCCURRENCE		apt. compl	lex 0.0	Clerical/Office Support	3.0
Total Discharges	80	Private residence	54.9%	Adult family	home 0.0	Other	0.0
3		Nursing home	45.1	Community-ba		Total FTEs	10.8
DISCHARGES BY		Hospice res. fac.	0.0	res. facil			
LENGTH OF STAY		Assisted living:		Inpatient faci	-	* Full-time equivalents	\$
1 - 7 days	. %	Residential care		Other site	0.0	-	
8 - 14 days	•	apt. complex	0.0	Caseload	15	Volunteers who served	
15 - 30 days	•	Adult family home	0.0			patients of the	
31 - 60 days		Community-based				hospice in 2001:	20
61 - 90 days	•	res. facility	0.0				
91 - 180 days	•	Inpatient facility	0.0			Total hours of	
181 days - 1 year	•	Other site	0.0			service provided	
1 year or more	•	Total Deaths	71			during 2001 by these	
Total Discharges	80					volunteers:	531
	30					, 010100010	551

Winona Area Hospice 175 East Wabasha Winona MN 55987			License Number: 561 Pag County: Out of State (507) 457-4468			Page 61		
Ownership of Hospic		_	it Corpora	ation			1 Caseload:	0
Title 18 (Medicare)					_		ient Count for 2001:	4 0
Title 19 (Medicaid)						Daily Ce		
Licensed Hospice Re	sidentia.	l Facility? No			Medicare	certiii	ed Inpatient Facility?	No
AGE AND SEX OF		PRINCIPAL DIAGNOSIS	OF	REFERRAL SOU	RCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIEN		UNDUPLICATED PATIENT	COUNT	UNDUPLICATED	PATIENT		BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician		50.0%	Medicare	0.0%
20 to 54	0.0	(cancer)	100.0%	Hospital		25.0	Medicaid	0.0
55 to 64	50.0	Cardiovascular		Self-referra		0.0	Medicare/Medicaid	0.0
65 to 74	25.0	disease	0.0	Patient's fa		25.0	Managed Care/HMO	0.0
75 to 84	0.0	Pulmonary disease	0.0	Home health		0.0	PACE/Partnership	0.0
85 to 94	25.0	Renal failure/		Nursing home		0.0	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Other		0.0	Self Pay	0.0
Total Patients	4	Diabetes	0.0	Total Patien	ts	4	Other	0.0
		Alzheimer's disease	0.0				Caseload	0
Male	50.0%	AIDS	0.0					
Female	50.0	ALS	0.0	PATIENT DAYS				
Total Patients	4	Other	0.0	LEVEL OF CAR			STAFFING	FTEs*
		Total Patients	4	Routine home		97.0%	Administrators	0.0
TOTAL ADMISSIONS	4			Continuous c		0.0	Physicians	0.0
	_	ADMISSIONS BY PAY SO		Inpatient ca			Registered Nurses	0.1
TOTAL DISCHARGES	4	Medicare	50.0%	symptom mg		1.5	Lic. Prac. Nurses	0.0
		Medicaid	0.0	Respite care		1.5	Hospice Aides	0.2
REASON FOR DISCHARG	E	Medicare/Medicaid	0.0	Total Patien	t Days	67	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0				Occupational Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	CASELOAD ON			Speech/Language	0 0
Transferred:		Private Insurance	50.0	BY LIVING AR			Pathologists	0.0
care provided by		Self Pay	0.0	Private resi		0.0%	Bereavement Counselors	0.0
another hospice	0.0	Other	0.0	Nursing home		0.0	Social Workers	0.0
Revocation of		Total Admissions	4	Hospice res.		0.0	Dietary	0.0
hospice benefit	0.0			Assisted liv	_		Volunteer Coordinator	0.0
Other	0.0	DEATHS BY SITE		Residentia		0 0	Chaplain	0.0
Deaths	100.0	OF OCCURRENCE	FF 00	apt. com	-	0.0	Clerical/Office Support	
Total Discharges	4	Private residence	75.0%	Adult fami		0.0	Other	0.0
DIGGUIDGEG DU		Nursing home	25.0	Community-		0 0	Total FTEs	0.4
DISCHARGES BY		Hospice res. fac.	0.0	res. fac	-	0.0	* Pull time aminulanta	
LENGTH OF STAY	F0 00	Assisted living:		Inpatient fa	cility	0.0	* Full-time equivalents	
1 - 7 days	50.0%	Residential care	0 0	Other site		0.0	** 7	
8 - 14 days	25.0	apt. complex	0.0	Caseload		0	Volunteers who served	
15 - 30 days	0.0	Adult family home	0.0				patients of the	•
31 - 60 days	25.0	Community-based	0 0				hospice in 2001:	0
61 - 90 days	0.0	res. facility	0.0				m . 1 1	
91 - 180 days	0.0	Inpatient facility	0.0				Total hours of	
181 days - 1 year	0.0	Other site	0.0				service provided	
1 year or more	0.0	Total Deaths	4				during 2001 by these	•
Total Discharges	4						volunteers:	0

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